



## Emma L. Minnis Junior Academy

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### AUTHORIZATION TO RELEASE STUDENT RECORD/INFORMATION

#### TO WHOM IT MAY CONCERN

On behalf of the student named below who last attended the following school, I/we request that the academic and disciplinary records be released.

Name of School \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Parent/Guardian

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Attendance:** \_\_\_\_\_ **to** \_\_\_\_\_ **Last Grade:** \_\_\_\_\_

Please send the records to the attention of: **ELMJA Office Coordinator**

**Emma L. Minnis Jr. Academy  
1939 Magazine St.  
Louisville, KY 40203**

**What to Include:** *Transcript \* Test Scores \* Birth Certificate \* Immunization \* Eye-Ear-Dental Form \* Custody Information \* Disciplinary Record \* Portfolios \* and all Confidential Records*

Confidential records may include: **Psychological Reports, Eligibility Reports, IEP's, Consent for Placement, School Support Team Records, Consent for Evaluation, Vision/Hearing Screening Results, and Notice of Placement Meetings.**