

**THE SCHOOL DISTRICT OF PHILADELPHIA  
VIRTUAL ACADEMY  
REQUEST FOR STUDENT RECORDS**

DATE \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*By this communications, The School district of Philadelphia Virtual Academy is requesting a copy of the academic records for the following student(s)*

Records are being requested for:

Student's Full Name	Date of Birth	Grade

Student's Full Name	Date of Birth	Grade

Student's Full Name	Date of Birth	Grade

Send any records including:

- |  |  |
|--|--|
| <input type="checkbox"/> Official transcript   | <input type="checkbox"/> Standardize Test Scores |
| <input type="checkbox"/> Final Student Report Card (Grades 6-8)                                    | <input type="checkbox"/> Attendance Data         |
| <input type="checkbox"/> Special Education records including initial and latest ER, NOREP, and IEP | <input type="checkbox"/> Disciplinary Records    |
| <input type="checkbox"/> Immunization records  | <input type="checkbox"/> Other _____             |

I hereby authorize you to release to the School district of Philadelphia Virtual Academy any appropriate information or records that you may have.

Parent/Guardian (Please Print)	Date
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Parent/Guardian Signature	Date
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PVA Representative	Date
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