

# RECORDS RELEASE FORM



I hereby authorize:

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

\_\_\_\_\_ Address City State Zip

To release all of my school records including courses and grades, test results, written evaluations, attendance records, disciplinary records, health records, and Individualized Educational Plans to:

ATO ACADEMY  
Student Enrollment  
3004 N 16th Street  
Phoenix, AZ 85016  
atoacademy@attheoutlet.org

\_\_\_\_\_ Name of Student (Please print)

\_\_\_\_\_ Date

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Grade

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Year of Graduation