Diamond Star Academy
1307 W Ridgeway Ave, Waterloo, IA 50701
Phone: (319) 529-7375

Email: info@dsaacademy.org
Website: www.dsaacademy.org

Authorization to Release Information

_____ _____ authorizes the release of the records of
Parent / Guardian Name

_____ _____ ___ ___/____/_____
Student's Last Name First Name Mid. Initial DOB: Mon/ Day / Year

_____ _____
Student's Social Security # Student's Address

From the Following School/Institution:
Most Recent School/Institution _____
Address _____
City, State, Zip Code _____
Telephone No. _____ Fax No. _____

The following records may be released. Please check.

- ☐ Transcript of subjects and grades
- ☐ Attendance and Discipline Records
- ☐ Psychological or Other Individual Test Results
- ☐ IEP and Special Education Records, If Applicable
- ☐ Illinois State Test Results
- ☐ Standardized Test Results
- ☐ Heath Records
- ☐ Custody Paperwork

The records may be released to:
New School Diamond Star Academy
Address 1307 W. Ridgeway Av. Waterloo, IA 50701
Telephone No. (319) 529-7375 Fax No.

I am authorizing the release of these records for these reasons. Please check one.

- □ I am the subject of these records and 18 years of age or older.
- □ I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

_____ ____/____/____
Signature Date

Request For Records (official use only)

To the Registrar:

Please send the above records, if available for this student, as soon as possible.
If records are not available, please return our request indicating the following:

- □ No Records Available. Reason(s): _____
- □ Unable to Send Records. Reason(s): _____

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely, _____ _____
Name Date