Phone: 812-351-0977 admissions@nvis.org www.nvis.org

X. AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

TO THE APPLICANT:

Student's Name:	Last Name				
	Last Name	First Nan	ne	Middle Name	
Current School Year:	Stud	dent's Current Grade:	Student's DOB	3://	
F	Parent / Guardian Signature	Dat			
	то тн	HE PRINCIPAL OR GUIDANC	E COUNSELOR:		
promptness in sendi 1.	above has made application ng the following items: script of the student's record of the student's enrollment of the student's complete to of all health records, includ of Individual Educational Place of Special Educational Place of the student's disciplinary of the student's awards and please list:	d to date, including grades tapplication and any relate testing profile. ling immunizations, vision, an (IEP) if applicable. ement Forms if applicable. y record if applicable dachievements if applicable tional School, at the termin	for courses in prog d documents e.g. b and hearing tests. e.	ress. birth certificate, passpo	rt, etc.
School's Address:					
	Street		City	State	zip
Name of person pre	paring records and completion		ease Print Name	Title:	
Signature of person	preparing records and comp	leting this form:		Date:	
			assa sian Nama		

This information should be mailed to:

New Vision International School

Attn. Admissions Department

Address to be announced

Greenville, Ohio 45331

Thank you for your cooperation