William A. Kirlew Junior Academy

18900 NW 32 Avenue • Miami Gardens, FL 33056
Phone: 305.474.4760 • Fax: 305.474.4762
Email: wakja@flcoe.org

Authorization to Release Information

Previous School: _____

Address: _____

City:_____ State:_____Zip:_____

Phone Number: _____ FAX:_____

To Whom It May Concern:
I request the academic records and disciplinary records of:

Student Name:_____

Year(s) attended above School _____ **Last Grade** _____

Date of Birth:_____

Please Send Records to:

The Registrar
William A. Kirlew Junior Academy
18900 NW 32 Avenue
Miami Gardens, FL 33056

Please Include:

Transcript	Eye-Ear-Dental Form
Standardized Test Scores	Custody Information
Birth Certificate	Disciplinary Record
Immunization	Portfolios and All **Confidential Records*

**Confidential records* may include psychological reports, Eligibility reports, IEP's, 504, Consent for Placement Support Team Records, Consent for Evaluation, Vision/Hearing Screening Results and Notification Placement Meetings.

I appreciate your prompt attention to this matter.

_____
Parent(s) or Guardian(s) Signature

_____
Date