



**Blacksburg New School**

2500 North Main Street, Blacksburg VA 24060

[www.blacksburgnewschool.org](http://www.blacksburgnewschool.org)

(540) 552-6693

### RECORDS REQUEST

TO: [Please print name, address, **and FAX number** of the school from which we are requesting records.]

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

Address of School: \_\_\_\_\_

Phone Number of School: \_\_\_\_\_

**FAX Number of School:** \_\_\_\_\_

FROM: [Please print parent name/s.]

\_\_\_\_\_

Date: \_\_\_\_\_

I request that the academic records, health records, personal information, test results, and any psychological or other related confidential information—as well as other pertinent information you have regarding my child/children be mailed directly to the Blacksburg New School.

Child's name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Child's name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Child's name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Child's name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Please send all forms to:  
**T.J. Stone, Enrollment Coordinator**  
**Blacksburg New School**  
2500 North Main Street  
Blacksburg, VA 24060  
**FAX: (540) 552-5115**

I grant permission to the Blacksburg New School (at 2500 North Main Street, Blacksburg, Virginia, 24060) to receive all school records pertaining to my child/children listed above. I also grant permission for previous teachers and staff members at the school(s) listed above to discuss information about my child/children listed above with teachers and staff members at Blacksburg New School.

Parent or Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_