



FRANKLIN ROAD ACADEMY

AUTHORIZATION FOR RELEASE OF RECORDS GRADES 1-12

Parents: Please complete this form and return with your application.

Full Name of Student: _____ Date of Birth: _____

School and grade currently attending: _____

Street address of present school: _____

City, State and Zip: _____

Contact Name: _____

Phone: _____ Fax Number: _____

I, the undersigned parent/guardian approve the release of these records to Franklin Road Academy. I also understand that the information included in these records will be kept strictly confidential and not subject to review by parents, guardians, or the student.

I release FRA, its employees and representatives, the current school and evaluator from that school from any and all claims of liability that may arise from the use of these documents and the information contained therein.

Parent /Guardian Signature: _____ Date: _____

Please include the following:

1. current school transcript and grades
2. standardized test scores
3. immunization records
4. additional student records
5. the accompanying recommendation forms

The completed documents should be mailed to:

Franklin Road Academy
 4700 Franklin Road
 Nashville, TN 37220
 615.832.8845
 615.834.4137 FAX
 admission@franklinroadacademy.com