



# THE NEW COMMUNITY SCHOOL

## Record Release Authorization School Records

\_\_\_\_\_  
Date

To: Office of the Principal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom it May Concern:

You are hereby authorized to release to The New Community School the educational and supporting records, including any special education records of:

\_\_\_\_\_

I would appreciate your forwarding these to the following as soon as possible.

Chairman, Admissions Committee  
The New Community School  
4211 Hermitage Road  
Richmond, VA 23227

Very truly yours,

\_\_\_\_\_  
Parent or Guardian



# THE NEW COMMUNITY SCHOOL

## Record Release Authorization Professional Evaluation Report

\_\_\_\_\_  
Date

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom it May Concern:

You are hereby authorized to release to The New Community School the educational, psychological (including the subtest scores on all intelligence tests) and other supporting records of:

\_\_\_\_\_

I would appreciate your forwarding these to the following as soon as possible.

Chairman, Admissions Committee  
The New Community School  
4211 Hermitage Road  
Richmond, VA 23227

Very truly yours,

\_\_\_\_\_  
Parent or Guardian