



FUQUA SCHOOL

P.O. Box 328
605 Fuqua Drive
Farmville, Virginia 23901
(434) 392-4131

REQUEST FOR STUDENT RECORDS

To the Parent or Guardian:

To complete the application process, please sign the following release statement and deliver to the School Counselor's Office at the applicant's current school. This will give Fuqua School access to the applicant's official transcripts, records, and confidential files. If you have any questions or difficulties in having materials sent to Fuqua School, please contact the Admissions Office.

Applicant's Name: _____

I hereby authorize my child's school to release transcripts, test scores, and health information (including immunization records) and any confidential files to Fuqua School's Admissions Office.

Parent/Guardian Signature

Date

To the School Counselor/Principal:

The above-named student has applied for admission to Fuqua School. Thank you for assisting us in the admissions process by forwarding the requested records, character questionnaire, and teacher recommendations as soon as possible to: Fuqua School, ATTN: Admissions Office P.O. Box 328, Farmville, Virginia 23901, or by Fax (434)392-5062, or by email: admissions@fuquaschool.com.

- _____ **ACADEMIC TRANSCRIPTS**
- _____ **STANDARDIZED TEST DATA**
- _____ **RECORDS/EVALUATIONS PERTAINING TO ANY PLACEMENT IN SPECIAL
EDUCATION**
- _____ **HEALTH IMMUNIZATION RECORDS**
- _____ **CHARACTER QUESTIONNAIRE**
- _____ **TEACHER RECOMMENDATION FORMS**
- _____ **OTHER:** _____