



*If these required documents are not submitted within 7 days of enrollment, the student's account will be placed on hold/inactive status until receipt of all applicable documents. Please do not submit incomplete forms as they will not be accepted.*

## RELEASE OF RECORDS

The following student is enrolling ☐ or has enrolled ☐ \_\_\_\_\_ at Forest Trail Academy. Please fax or email all academic records for the named student. If you have any questions or concerns, please call us at:  
800-890-6269 or 561-537-5501.

### FAX NUMBER

866 – 230 - 0259 OR 561 – 420 - 0909

### EMAIL ADDRESS

REGISTRAR@FORESTTRAILACADEMY.COM

**PLEASE DO NOT SEND CUMULATIVE FOLDER**

STUDENT'S FIRST NAME	LAST NAME	DATE OF BIRTH							
		M	M	D	D	Y	Y	Y	Y

NAME OF SCHOOL PREVIOUSLY ATTENDED									
GRADE LEVEL(S) COMPLETED/STARTED									
Address		City		State		Zip Code			
Country		Attention To		Registrar Email Address					
School Phone		School Fax		School Website (if any)					

NAME OF SCHOOL PREVIOUSLY ATTENDED									
GRADE LEVEL(S) COMPLETED/STARTED									
Address		City		State		Zip Code			
Country		Attention To		Registrar Email Address					
School Phone		School Fax		School Website (if any)					

I have read and agreed to give permission for this records transfer.

PARENT / GUARDIAN NAME													
PARENT / GUARDIAN SIGNATURE					DATE	M	M	D	D	2	0	Y	Y

### FOR OFFICE USE ONLY

	FIRST REQUEST		SECOND REQUEST		THIRD REQUEST
COMMENTS					