



# GENTRY ACADEMY

## RECORDS REQUEST FORM

**Parent/Legal Guardian:**

*Please complete and return to Gentry Academy*

Student Name: \_\_\_\_\_

Current School Name: \_\_\_\_\_

Current School Address: \_\_\_\_\_

Current School Phone Number: \_\_\_\_\_

Current School Fax Number: \_\_\_\_\_

**RELEASE STATEMENT**

I hereby give permission to a representative of my student's current school to release school files to Gentry Academy. Files should include information related to medical, psychological and academic as well as standardized test scores.

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

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Records Office:**

*Student is enrolled at Gentry Academy.*

*Please send all official requested materials to one of the following addresses.*

**Mail:**

Gentry Academy  
1420 County Road E East  
Vadnais Heights, Minnesota 55110

**Email:** [Jennifer.Kurth@gentryacademy.com](mailto:Jennifer.Kurth@gentryacademy.com)

# BUILDING LEADERS

9/11/2019