



The great aim of education is not knowledge but action.

~ Herbert Spencer ~

Adelphi Academy of Brooklyn

FORM B

RECORD RELEASE FORM

As the parent(s)/guardian(s) of _____
Name of Applicant

I hereby authorize the release of any and all records regarding the above named student to Adelphi Academy of Brooklyn.

Signature of parent(s)/guardian(s) _____

Name of current/former school _____

School Address _____
Street City State Zip Code

School Phone Number: _____ School Website: _____

Contact Person: _____ Email Address: _____

Records should include but should not be limited to:

- Academic Records/Transcripts, etc.
- Standardized Testing Examination Scores, etc.
- Attendance/Tardy Records, etc.
- Health/Medical Records, etc.
- Disciplinary/Behavioral Records, etc.
- Community/School Service Records, etc.
- Educational Evaluations and/or IEPs (if applicable)

Please send all records for the above named student to:

Adelphi Academy of Brooklyn
Office of Academy Admissions
8515 Ridge Boulevard
Bay Ridge Brooklyn, New York 11209-4307

Please send records promptly to help us expedite the admissions process.

Adelphi Academy of Brooklyn
8515 Ridge Boulevard
Bay Ridge Brooklyn, New York 11209-4307

Phone: 718.238.3308 / Fax: 718.238.2894
adelphi.org / admissions@adelphi.org
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