



RELEASE OF ACADEMIC RECORDS

Student's Name: _____ Date of Birth: _____

I/we, _____, permit the Black Mountain Academy team to obtain and/or release information to/from, speak with, without restriction to/from:

Name of Institution: _____

Attention to: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

This release expires either in one year of being signed or on: _____

This form, once signed, authorizes **Black Mountain Academy** and its academic and administrative staff, as well as consulting professionals, to exchange, release, and/or receive academic information regarding the student's records with or from the person and/or school listed above.

This authorization may be revoked at any time by submitting a written request to **Brandon Moffitt**, Executive Director, at bmoffitt@theblackmountainacademy.com.

Unless otherwise specified by the parent/legal guardian(s) and/or the participant (if 18 years of age or older), this authorization will expire two (2) years (24 months) from the date it is signed.

Print Name

Signature

Date