



City Center Academy

315 S. 17th Street
Philadelphia, PA 19103

Request for Student Records

Student's Name: _____

Date of Birth: _____

The student named above has applied for admission to City Center Academy for the 2009-2010 school year. As part of our application process we require copies of the student's school records. Please forward (via fax or mail) a copy of the following records: Academic, Health and Disciplinary. A parental release for these records is included below.

Send records to: City Center Academy
 315 South 17th Street
 Philadelphia, PA 19103
 Phone: (215) 731-1930 Fax: (215) 731-0515

Thank you,

Melissa J. Clemens
Admissions and Guidance Counselor

I hereby authorize _____
(School's Name)

(School's Address)

(School's Phone Number)

(School's Fax Number)

to release all records to City Center Academy for _____
(Student's Name)

including: Academic, Health, and Disciplinary records.

Parent Signature: _____ Date: _____