



## Consent for Student Record Release

**Please give this form to your child's current school.**

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

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Attention School Official: The student above has applied for admission to NeoCity Academy. Please send a copy of my child's records, including:

- Grades (Current Grades and Transcript, If Possible)
- Attendance Record
- Discipline Record
- Any Standardized Test Scores From the Past Two School Years, If Available

Records can be sent via email or mail to:

Caroline Lopez, Student Registrar  
NeoCity Academy  
195 NeoCity Way  
Kissimmee, FL 34744  
caroline.lopez@osceolaschools.net

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

If you have questions, please contact Caroline Lopez at 407-933-3903 or  
admissions@neocityacademy.com.