



# HERITAGE ACADEMY, INC.

12215 WALNUT POINT WEST, HAGERSTOWN, MARYLAND 21740  
(301) 582-2600 FAX (301) 582-2603

\_\_\_\_\_  
Name of School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize you to release to Heritage Academy, Inc. the following records:

- \_\_\_\_\_ School Records
- \_\_\_\_\_ Medical Records
- \_\_\_\_\_ Psychological Records
- \_\_\_\_\_ Copy of Birth Certificate

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

\_\_\_\_\_

Date of Birth

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

**"KNOWLEDGE FORGED IN FAITH"**