

RELEASE OF INFORMATION FOR SCHOOL RECORDS				
Student's Name:	Date of Birth:/			
Name of Previous School and Sch	nool Address:			
	Fax ()			
	olled at Destiny Now Academy, and the parent or sthe last school attended. Please release school			
 Scholastic Records (included) Transcript and Current Reports Standardized Test Scores Health & Immunization Records Attendance Records Any Disciplinary Records IEP's (if pertinent) Any other Pertinent Student 	cords			
Please forward these records	to: Destiny Now Academy Records Department 6974 Raeford Rd Fayetteville, NC 28304			
As regulated by the Family Educa	tion Rights and Privacy Act of 1998, a parent's written			

consent of records release is not required when such records are for school enrollment. Thank you, in advance, for your prompt reply to this request.

DNA Official Signature