



11225 Hwy 19 N. Clearwater, FL 33764
727-914-6916 FAX 914 6917

Release of Information Form

The undersigned hereby authorize(s) Woodlawn Community Academy, Clearwater, Florida, or its below-identified employee to receive the requested information from the following named school:

_____ W.C.A. employee

Information on subject of this form:

Student name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Last school _____ Grade _____

All information received by the Academy shall be used for educational purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law.

Parent/Guardian signature: _____

Date: _____