



**GREYHILLS ACADEMY HIGH SCHOOL**  
Parent Authorization for Release of Information  
**New & Transfer Students Only**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Request: \_\_\_\_\_

I HEREBY AUTHORIZE

Name of Previous School: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO BOX City State Zip

To release any and all information on file concerning my child, which may be of value in formulating plans for his/her education. Please include all of the following:

- |   |                             |
|---|-----------------------------|
| Official Academic Transcript (showing credits earned) | Withdrawal Records          |
| Health Records  | Special Education Documents |
| Suspension & Expulsion Records                        | IEP Records                 |
| ELL Records & Test Scores                             | All Academic Test Scores    |
| Attendance & Discipline Records                       |                             |

**RELEASE RECORDS TO:**

\_\_\_\_\_ Mail to: Greyhills Academy High School  
Attn: E. Begay, GAHS Registrar  
P.O. Box 160  
Tuba City, Arizona 86045  
(928) 283- 6271, ext 119

\_\_\_\_\_ Email to: [elavina.begay@bie.edu](mailto:elavina.begay@bie.edu)

\_\_\_\_\_ Fax to: Fax # (928) 283- 6604, Attn: GAHS Registrar – E.Begay, Greyhills Academy High School

PUBLIC LAW 93-380, The Federal Family Education Rights and Privacy Act, provide that the written consent of the parent/ guardian eligible students is not required to release education records to officials of other schools or school system in which student seeks or intends to enroll.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date