



Las Vegas Enrichment Academy Release of Information

Child's Name _____ Date of Birth _____
Last School Attended _____
School Address _____
City/State/Zip _____

I hereby authorize the release or viewing of records and personal information for the above-named child. Federal and state statutes prohibit sharing of the contents of these records/information with another party without the written consent of the parent/guardian (Family Educational Rights and Privacy Act). I also authorize the staff of Las Vegas Enrichment Academy to communicate information about my child as deemed necessary.

- _____ Academic Records/Information
- _____ Health (Immunizations, etc.)/Information
- _____ Standardized Tests
- _____ Attendance Records/Information
- _____ Psychological or Behavioral Records/Information
- _____ Special Education/Talented & Gifted Records

Please forward the above student's records to:

**Las Vegas Enrichment Academy
3216 West Charleston, Suite B
Las Vegas, NV 89102**

Or email to cwassell@lvenrichmentacademy.com

To reach by phone, please call 702-236-8818.

Parent/Guardian Signature _____ Date _____