

New York Military Academy



Set Apart for Excellence

New York Military Academy
78 Academy Avenue
Cornwall-on-Hudson, New York 12521

(845) 534-3710 phone
(845) 534-7699 fax
Email: admissions@nyma.org

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

School: _____

Address: _____

City/State/Zip: _____

(Student's Name)

(Date of Birth)

(Current Grade)

TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has applied for admission to New York Military Academy. We would appreciate you promptly sending a **copy** of the items listed below. If the student enrolls at New York Military Academy, a transfer of records will be requested at a later date.

1. **Copy** of the student's complete standardized test profile.
2. **Copy** of all health records, including immunizations, vision and hearing tests.
3. **Copy** of all psychological reports.
4. **Copy** of Individual Education Plan, if any.
5. **Copy** of Special Education Placement forms, if any.
6. A transcript of the student's record to date, including grades for courses in progress, as well as, past three consecutive years.
7. A sealed recommendation from Math and English teachers, as well as Guidance Counselor to determine academic potential and compliance with the behavioral expectations of the school.

In accordance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to New York Military Academy copies of all educational records for the above-named individual who is applying to New York Military Academy, including recommendations and other information as may be requested.

Date

Signature of Parent/Legal Guardian

Thank you for your cooperation.
Alisa Southwell
Director of Admissions