

STATE OF SOUTH CAROLINA
COUNTY OF JASPER

THOMAS HEYWARD ACADEMY
AUTHORIZATION FOR RELEASE
OF STUDENT RECORDS/INFORMATION

I, _____, do hereby authorize Thomas Heyward
Print Name of Person Making Request & Attach ID Copy

Academy to release school records and confidential information regarding the enrollment,
grades, education, and all incidents of tenure of _____
Print Full Name of Student
at Thomas Heyward Academy.

Check and Initial One:

- I hereby promise, acknowledge, and state that I am over age 18 and I am the student
whose records/information are being furnished by THA. _____
- I hereby promise, acknowledge, and state that I am the lawful custodial parent of the
student named above who is less than 18 years old, and that I have the right and
authority to sign this Authorization on his/her behalf as his/her guardian. _____

**I hereby agree to release, hold harmless, indemnify, and defend Thomas Heyward
Academy, regarding the release of the records/information regarding the above student.**

Witnessed By:

Signature of Person Requesting Records/Information

For Thomas Heyward Academy

Printed Name of Person Requesting
Records/Information
Date: _____

Request form complete	NOTES:
Photo ID	
\$10.00 fee paid	
Records requested:	
Records released to:	Revised: 08/01/18