



Authorization to Release Educational Records

Student Name: _____

Former Name (if applicable): _____

Student ID (SSN): _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Cell Phone: _____ Other Phone: _____

Previous High School: _____

Address: _____

City: _____ State: _____

Phone: _____ # of credits completed: _____

Last Year Attended: _____ Last Grade Completed: _____

I hereby authorize my previous high school, listed above, to release and disclose my grades/transcripts to American Worldwide Academy ("AWA") via mail or fax at the address listed below. I understand that my information may be released orally or in the form of copies of written records to AWA. This authorization will remain in effect from the date it is executed until revoked by me in writing to AWA and the institution listed above.

Student Signature: _____ Date: _____

PLEASE FORWARD A COPY OF MY OFFICIAL TRANSCRIPT TO:

**American Worldwide Academy
13227 NW 7th Avenue
North Miami, FL 33168
Phone: 305.456.5948
Fax: 305.456.6796**