

991 Scott Street Wilkes-Barre, PA 18702 (570) 991-6107 www.anianepa.org

Release of Records

Parents please fill out tr	ne form below and send to your child's previou	s school.	
Name of Pervious School			
Address			
City,State,Zip			
I hereby authorize the release of the cumulative re	cords of my child.		
Name of Child	 Date of birth		
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date	_
School requests the following information			
☐ Cumulative File			
☐ Health Records			
☐ Testing Scores			
☐ Transcript			
Mail, email, or Fax these records to:			
Al Noor Islamic Academy PO Box 5061			
Wilkes-Barre, PA 18710			

info@anianepa.org

Fax: 570-820-6447