



**Lynchburg Regional Governor's
XLR8 STEM Academy**

Authorization to Release Educational Records

Student Information

Last Name _____ First _____

Home Address _____ City _____ Zip _____

Base High School _____

I hereby authorize the home high school (indicated above) to release a transcript of the educational records of the above named student to:

***Central Virginia Community College
XLR8 STEM Academy
3506 Wards Road
Lynchburg, VA 24502***

A complete transcript includes the following components:

- The student's academic record of courses taken and grades earned,
- A listing of all course credits attempted and completed,
- A cumulative grade point average,
- The student's rank in class, and
- Standardized test scores—this may include the SAT 1, SAT 2, and/or ACT.

Please note that school and community activities, honors, and counselor comments may also be included.

Student Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____