



Jason Hiruo, Director  
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## REQUEST FOR RELEASE OF INFORMATION

Student Name \_\_\_\_\_ Department \_\_\_\_\_

Please Print

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date Requested \_\_\_\_\_

In Accordance with Family Educational Rights and Privacy Act (Public Law #93-380), I authorize ACES Educational Center for the Arts to release any and/or all information and records pertaining to me to the following schools listed on the back of this form. These records include all courses, grades, GPA summary, standardized district tests and disciplinary records if applicable. Futhermore, I release any person and/or the ACES/ECA Schools from all liability and hold them harmless for providing such information, including but not limited to, via transcript and or/recommendation.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

For Office Use Only

Date recieved



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## Transcript Request Form

Please write the College/University and the date transcript is due. You must submit a stamped envelope with the college and address written on envelope. Please let us know if your college would like to receive your transcript electronically. If so, please include their e-mail address instead. Please bundle the envelopes with a rubber band or large paper clip so that they stay together.

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