

**Amherst County Public Schools**

Amherst Middle School  
165 Gordon's Fairground Road  
Amherst, VA 24521  
(434) 946-0691  
(434) 946-0258 FAX

[hdavila@amherst.k12.va.us](mailto:hdavila@amherst.k12.va.us) Guidance Department Secretary

It is hereby requested that:

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School City, State \_\_\_\_\_

School Zip Code \_\_\_\_\_

School Phone Number \_\_\_\_\_

School FAX Number \_\_\_\_\_

Record Dept. Email \_\_\_\_\_

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**Please release the following information on my child to Amherst Middle School at the above address.**

ALL OFFICIAL ADMINISTRATION RECORDS for:

\_\_\_\_\_  
(Student's Full Name)

\_\_\_\_\_  
(Grade)

☐ Birth Certificate    ☐ Social Security Number    ☐ Grades/Scholastic Work  
☐ Test Scores    ☐ Medical Records    ☐ Speech/Language  
☐ Health/Physical Fitness    ☐ All Discipline Records    ☐ Social & Family History

OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
(Enrolling Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date of Enrollment)

\_\_\_\_\_  
(Attendance Dates for current year)

Thank you for your prompt reply to this request.