



**YOUTH
LEADERSHIP
ACADEMY**

SCHOOL RELEASE FORM

I. Permission is hereby granted to the appropriate office of

MIDDLE SCHOOL OR HIGH SCHOOL

to issue an academic transcript for

STUDENT NAME

Student's School ID #

II Permission is hereby authorized to the Youth Leadership Academy for the release of requested information from authorized officials who maintain my educational records for the academic year of 2024-2025.

Student's Signature

Date

Parent's Name (if student is under 18)

Date

Parent's Signature

Youth Leadership Academy is a 501c3 non-profit organization.
Please email transcripts to admin@ylacademy.org.