



# The Delta Learning Center

*A Non Profit Tutoring Organization*  
EST. 1976

## Permission to Obtain Academic Records

In an effort to more effectively address the academic needs of our student body at the Delta Learning Center we are requesting Academic Record information on all students. Please read and sign this form giving the Delta Learning Center permission to obtain your student's academic records.

I, the undersigned, hereby give my permission for The Delta Learning Center to have access to the academic records of my child, \_\_\_\_\_

Grade \_\_\_\_\_ School/Teacher's Name \_\_\_\_\_

In order to provide more effective tutoring services, The Delta Learning Center may be given access to the following information:

TEST SCORES

ASSESSMENTS

GRADES

Furthermore, I give permission for my child's classroom teacher to discuss relevant academic information with a representative of The Delta Learning Center.

\_\_\_\_\_  
(Parent//Legal Guardian) (Date)

\_\_\_\_\_  
(DLC Representative) (Date)

