

**Hill & Lowe Educational Services, Inc. – Exploratorium Academy**  
**Consent Form – To Release, Convey, and/or Request**  
**Student Information**

I, \_\_\_\_\_ give full permission to the administrators of:  
*(Parent's Name)*

**Hill & Lowe Educational Services, Inc. - Exploratorium Academy** to receive records on my behalf or on the behalf of my minor child:

\_\_\_\_\_ SS#: \_\_\_\_\_  
*(Student's Name)*

Therefore, I certify my request on this \_\_\_\_\_ day of \_\_\_\_\_ 2009/2010 allowing a release, to obtain, request, and forward school records to and by:

**Hill & Lowe Educational Services, Inc. – Exploratorium Academy** regarding **my child**,  
\_\_\_\_\_ or **myself** \_\_\_\_\_ as an adult  
*(Student's Name)* *(Adult/Parent)*

Additionally, I am aware of my Buckley Amendments Rights and Responsibilities, and I further allow the school's administrator(s) to execute their rights and authorities thereof.  
***Please be advised that we are requesting all (BBSST Referral Information, 504 Accommodations, and Special Education Records of Services Provided/Placement).***

Signature of the School's Representative: \_\_\_\_\_  
**Dr. Mary Hill Lowe or Dr. Melvin-Alonza Lowe, III**  
e-mail: [melvinlowe@hillandloweeducationalservices.org](mailto:melvinlowe@hillandloweeducationalservices.org)

Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Education – Accountability – Leadership**

Official Forms: **Hill & Lowe Educational Services, Inc.**

## **Complete the Consent Form in Black Ink.**

Mail or Fax this form to:

**Hill & Lowe Educational Services, Inc.** *Exploratorium Academy*

P.O. Box 640622

Pike Road, Alabama 36064

334-279-9671 (Fax)

If you are requesting records - Transcript(s), A Copy of your diploma, or a New Diploma, the prices are below:

Transcript - \$15.00 (Certified funds only)

Diploma Copy - \$10.00 (Certified Funds Only)

New Diploma w/ Cover - \$56.00 (Certified Funds Only)

**Along with your request, we need a photo copy of your current identification.**

**Hill & Lowe Educational Services, Inc.** will not allow hand delivery of records unless the Academic Officer – *Exploratorium Academy* has made arrangements with the party to receive the records. Persons seeking records must complete the attached form and pay the appropriate processing fees.

We will no longer duplicate diplomas; we can only provide copies and/or allow students to order a duplicate original copy.

**Please note, if there is a balance on file we will not release records until the balance is paid. All information must be completed or this form will be returned.**

# Record's Request Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Name & Address Of The Recipient: **(Where do you want this information to go?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this information is to be faxed as well as mailed please provide the necessary information: \_\_\_\_\_ - fax number.

Nature/Type of Request: \_\_\_\_\_

**Transcripts / Diplomas**

Address of the Person Requesting Records: **(Your complete name and address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANDATORY** – A contact phone number: \_\_\_\_\_

Signature of Person Requesting Records: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Signature of School's Representative: \_\_\_\_\_

*Dr. Mary Hill Lowe or Dr. Melvin-Alonza Lowe, III*

Date processed: \_\_\_\_\_