

**ALPHA KAPPA ALPHA SORORITY, INCORPORATED®**  
**Beta Omega Chapter**  
**&**  
**The Ivy Community Service and Education Foundation**  
**2024 Debutante Ball**

**AUTHORIZATION FOR RELEASE OF RECORDS FORM**

**Directions:** The applicant's parent or guardian must complete and sign the Release Form for the release of records of the school's Official Transcript of the applicant.

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

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

Student Birth Date \_\_\_\_\_ Student Number \_\_\_\_\_

Address \_\_\_\_\_  
Number/Street City/State Zip Code

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Current High School \_\_\_\_\_

Previous High School Attended \_\_\_\_\_

I \_\_\_\_\_, the parent or guardian of the above student, authorize a release of records: Diagnostic Summary, IEP, and any other pertinent special educational information to the following individual:

Ms. Dominique Campbell, Co-Chairman  
Screening and Awards  
Alpha Kappa Alpha Sorority, Incorporated® Beta Omega Chapter

Name of Parent or Guardian \_\_\_\_\_  
(Please Print)

Signature of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_  
Number/Street City/State Zip Code

Telephone Number of Parent or Guardian: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

This form must be submitted electronically through JotForm or postmarked by **May 9, 2024**.

Ms. Dominique Campbell, Co-Chairman  
Screening and Awards  
14402 Bristol Ave.  
Grandview, MO 64030  
AKADebBall2024@gmail.com