School Release Form

Students applying for the Mizzou Academy Diploma Program, who are under the age of 18 and reside in the United States of America, must complete either section A or B.

Student Full Name: _____________________________________________

Student Date of Birth: __________/ _______/ _______

Section A: Previous School Acknowledgement

School District: ________________________________________________

School Name: _________________________________________________

School Address: ______________________________________________

________________________________________________________________

School Website: ________________________________________________

The administrative representative signing below acknowledges that this student is withdrawing from this school and is applying to the Mizzou Academy diploma program.

Signature of administrator/principal/counselor: ______________________

Printed name: _________________________________________________

Date signed: ______/ ______/ ______

Month   Day    Year

Email address: _________________________________________________

Section B: Home School Compliance Statement

We certify that our family is compliant with our state's home school laws: ____________________________

State of residence

Parent signature: _____________________________________________ Date: __________________________

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