



**RECORDS RELEASE AUTHORIZATION**

**PARENTS:** Please complete this form in its entirety, then sign and send to your child's current school.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Grade Last Attended

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School Fax Number

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please send **CELINA CHRISTIAN ACADEMY** the following information on the above-referenced student:

- Last two years report cards
- Health Data
- Standardized Test Scores
- Diagnostic Testing
- Principal Recommendation Form
- Teacher Evaluation Form
- Other \_\_\_\_\_

I give permission for the above records to be sent to **CELINA CHRISTIAN ACADEMY**.

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

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

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian