



### **AUTHORIZATION TO RELEASE STUDENT RECORDS**

I hereby authorize:

\_\_\_\_\_ (Prior School)

\_\_\_\_\_ (Number & Street)

\_\_\_\_\_ (City, State & Zip Code)

to release the records for the following student:

\_\_\_\_\_  
Name of Student    Date of Birth    Grade

Please forward the records to:

**Faith Christian Academy  
2255 Allentown Road  
Quakertown, PA 18951  
215-536-2255**

Records to be released:

\_\_\_\_\_ **Official Administrative Record (Name, address, birth date, grade level completed, grades, class standing, attendance record)**

\_\_\_\_\_ **Health Records**

\_\_\_\_\_ **Standardized Achievement Test Scores**

\_\_\_\_\_ **Teacher and Counselor observations**

\_\_\_\_\_ **Other**

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

\_\_\_\_\_  
**Date**