

First Christian Academy
24530 N.W. 199th Lane
High Springs, Florida 32643

RELEASE OF INFORMATION

Name of Previous School

Student Name

Address of previous school

Date of Birth

City, State, Zip Code

The parents of the above named student have given permission for receiving information from you regarding school transcripts, health records (including all immunization records), and diagnostic (psychological or medical) and educational evaluations for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program.

Parent Consent for Release of Information

I hereby give my permission for release of the following records:

- ____ 1. Psychological Evaluation
- ____ 2. Educational Evaluation
- ____ 3. Medical Evaluation/Health Records
- ____ 4. Grades/Educational Tests
- ____ 5. Current Withdrawal Grades
- ____ 6. Other

Parent/Guardian Signature

Date

Please send this information to the person below:

Administrator
First Christian Academy
24530 N.W. 199th Lane
High Springs, Florida 32643