



RELEASING SCHOOL

School Name

Address

City

State

Zip

STUDENT INFORMATION

Last

First

Middle

Grade

Age

Sex

DOB

RELEASE REQUEST

Please include up-to-date transcripts (including dates of entry/withdrawal, grading scale, all subjects and grades to date of withdrawal and current year attendance). Health records including physicals and immunizations, and any other confidential information regarding the above names student to Grace Christian Academy.

Grace Christian Academy

Fax: 407-734-5140

5401 Curry Ford Rd

Orlando FL, 32812

Gcapatriots1999@yahoo.com

407-382-1935

Release Authorization

I, _____, hereby authorize the release of all records pertaining to my child named above to Grace Christian Academy by the above named releasing school.

Father's Signature

Date

Mother's Signature

Date

Guardian's Signature

Date