



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
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Please forward the records to:

Faith Christian Academy
700 North Main Street
Sellersville, PA 18960

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