



AUTHORIZATION FOR RELEASE OF INFORMATION  
NATIONAL CHRISTIAN ACADEMY

**STUDENT/ PARENT INFORMATION**

Student's Legal Name: \_\_\_\_\_

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**RECORDS RELEASE INFORMATION**

I hereby authorize \_\_\_\_\_

Address \_\_\_\_\_

to release to National Christian Academy for my child

\_\_\_\_\_ as described below:

**ALL** personally identifiable information **OR** The following records only: (check all that apply)

- Standardized Test results
- Medical Information
- Academic Records
- Academic Records (must include final transcript)
- Behavioral Records
- Legal Documents
- Other (specify) \_\_\_\_\_

I understand that these records will aid in making decisions for my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date