



# LIFE CHRISTIAN ACADEMY

Main Campus: 16801 Harrowgate Road, South Chesterfield, VA 23834

Phone: 804-520-5297 Fax: 804-526-3582

## AUTHORIZATION TO RELEASE SCHOOL RECORDS

Date: \_\_\_\_\_

Fax Number: \_\_\_\_\_

To: (Student's current school) \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Please furnish us with the following information in order to provide proper placement of this student.

\_\_\_\_\_ Academic Records including report cards and transcripts showing explanation of grading scale.

\_\_\_\_\_ IEP (Individual Education Plan)

\_\_\_\_\_ Grades to date of withdrawal

\_\_\_\_\_ Current Physical

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Psychological and/or educational testing

\_\_\_\_\_ Discipline records (including suspensions and expulsion)

\_\_\_\_\_ Teacher notes and observances

\_\_\_\_\_ SAT/ACT Scores

\_\_\_\_\_ Attendance records

\_\_\_\_\_ Any special education testing or placement information

\_\_\_\_\_ Other

My signature authorizes the release of the above records:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date