



Family Christian Academy

A Ministry of Family Church PC

Request for Release of School Records

Student's Name: _____

Student's Current Grade: _____

Releasing School: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Please complete the information above, sign the release statement below, and submit this form to the Principal or Guidance Counselor at your child's current school.

Please release the following records:

- Transcripts
- School Report for current and prior years
- Results of standardized achievement and/or aptitude tests
- Special Education Records
- Psychological evaluations
- Health Records
- Other pertinent information

I hereby authorize the release of my child's records as requested by Family Christian Academy. I understand that this information will be considered confidential and will be used by proper authorities of Family Christian Academy only.

Signature of Parent/Guardian: _____ Date: _____

The records indicated above and this completed form are to be released to:

Mailing Address	Email Address
Attention: Admissions 20035 Quesada Avenue Port Charlotte, FL 33952	Office@FCAmustangs.org & Admissions@fcamustangs.org