



RECORDS RELEASE AUTHORIZATION FORM

Today's date: _____

SONS & DAUGHTERS CHRISTIAN academy:

_____/_____
FULL name of STUDENT / CURRENT/COMPLETED LEVEL

LAST SCHOOL ATTENDED: _____

SCHOOL ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE #: _____ FAX#: _____

I, _____, AUTHORIZE THE RELEASE OF THE FOLLOWING RECORDS FOR

name of STUDENT

___ academic RECORD

___ REPORT CARD

___ TEST DATA

___ DISCIPLINARY RECORD

___ IMMUNIZATION RECORD

___ OTHER RECORDS/INFORMATION MAINTAINED BY THE SCHOOL REGARDING STUDENT

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PRINTED name: _____

ATTENTION SCHOOL ADMINISTRATOR:

PLEASE RETAIN A COPY OF THIS FORM AS A RECORD OF PARENT PERMISSION TO RELEASE RECORDS..

PLEASE SEND A COPY OF ALL RECORDS, INCLUDING MOST RECENT REPORT CARD/TRANSCRIPT AND DISCIPLINE REPORT TO:

SONS & DAUGHTERS CHRISTIAN academy

766 S. MAIN STREET

WOODSTOCK, VA 22664

fax :540-459-4101

THANK YOU FOR YOUR ASSISTANCE.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS AT 540-459-4100