

RECORDS RELEASE FORM – FORM 2

(This form should be taken to the student’s current school along with the SCHOOL REFERENCE FORM)

Name of Applicant: _____ Current Grade: _____

PARENT/ GUARDIAN PERMISSION TO RELEASE RECORDS

I _____ hereby authorize the completion of the attached school reference form
(Parent or Legal Guardian)

regarding my son/daughter _____ born on _____.
(Child’s First and Last Name) (Date of Birth)

I authorize the release of my child’s academic records, documents and other information requested by Florida Christian School. After acceptance has been offered, I authorize release of the full record when transfer to Florida Christian occurs or at the end of the current school year.

Shared information may include any of the following: Report Cards, Standardized testing scores (SAT, FSA, etc.), Academic Progress, School/Education Records, Evaluation Results/Notes (academic, social/emotional, therapeutic, medical, psychological, and psychiatric), Case Progress/Therapy Notes, and/or Exceptional Student Education/Section 504 Records.

All information that I have authorized for release is strictly confidential and cannot be shared with any other agency or person other than specified on this authorization form without additional written consent.

Name Print: _____ Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____