

## *Authorization for Student Record Release*

Date \_\_\_\_\_

To whom it may concern:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, special education, psychological education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

### Identifying Information

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent(s) Guardians Name

\_\_\_\_\_  
Name of School Last Attended

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

### *Send requested records to:*

El Bethel Christian Academy  
3000 S. Bruton Blvd.  
Orlando, Fl. 32805  
407-648-1978 / 407-648-1979 fax

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Records Clerk

\_\_\_\_\_  
Date

*"Train up a child in the way he should go, and when he is old he will not depart from it."*