Authorization for Release of Academic Record/Transcript
CONFIDENTIAL

To the Principal, Head of School or Counselor:

_____

Student's Name First Middle Last

_____

Student's Birthdate Grade (Entering) Teacher

_____

School last attended School Phone Number Fax Number

_____

Student's Name First Middle Last

To the parent/guardian:
Please print the school information and your child's name above and return this form to the Faith Community Christian School office.
The above-named student is applying for admission to Faith Community Christian School.
Please send copies of the following forms:
____Official transcript
____Report card for grade(s)_____
____Most recent standardized test scores
____IEP/504
____Other

Please send requested documents to:
Faith Community Christian School
PO Box 33317 Phone (907) 790-2240
Juneau, AK 99803

_____

Parent Signature/School Admin. Date