Faith Community Christian School
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)

_____

School last attended School Phone Number

The above-named student is applying for admission to Faith Community Christian School.
Please send copies of the following forms:

____Official transcript
____Report cards
____Most recent standardized test scores
____IEP/504
____Other
____Immunizations
____Birth Certificate

Please send requested documents to:
Faith Community Christian School
fccs2006@gmail.com

_____

Office Admin. Date