

Graceland Christian Academy

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and send this form to your child's guidance counselor or principal. (Please print neatly or type)

Student's Last Name	First Name	Middle Name	Grade
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In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Graceland Christian Academy of all educational records about the above-named individual who is ap3367 to Graceland Christian Academy, including recommendations and such other information as may be requested.

Signature of Parent or Legal Guardian	Date
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TO: PRINCIPAL OR GUIDANCE COUNSELOR

The student named above has been provisionally accepted for admission to Graceland Christian Academy. We would appreciate your prompt response in sending the following information:

1. A transcript of the student's records to date.
2. A copy of the student's complete test profile.
3. All health records, including immunization, vision, and hearing test.
4. Copy of all psychological reports.
5. Copy of individual Educational Plan.
6. Copy of Special Education Placement forms.
7. Copy of discipline records.
8. Your own personal recommendations of the student as to academic potential, personality, and character.