



## Transcript Release Authorization

Date: \_\_\_\_\_

I authorize the release of the school records for:

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The above named student has registered at Word of Faith Christian Academy. Please forward the following information:

- Full Transcript Including All Current and Past Grades
- Standardized Test Scores
- Individualized Education Plan (IEP)
- Attendance Information
- Discipline Information
- Entire Health Record including Immunization Form DH 680 or DH 681 and Physical Forms
- Birth Certificate

In accordance to the Family Education Rights and Privacy Act of 1974, Florida Statute 232.23, and State Board of Regulations 62-1.955, I declare that I am authorized to request the release, and ask that the above records be sent to via fax to: **Word of Faith Christian Academy | Fax No.: 772-905-4031.**

*NOTE: The new Federal Law 99-21, "No parent's signature required for Educational records sent to another Educational agency."*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

