



2023-2024 CFCA Authorization Form

Release of Student Records

The following individual(s) have been enrolled in our school.

Students Name	Date of Birth	Grade Entering

Social Security Number (Last 4 Digits)	xxx-xx- <u> </u> <u> </u> <u> </u> <u> </u>
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Please forward Christian Faith Center Academy the following records needed:

• Aptitude Test Results	• Discipline Records	• Transcript	* Records for Special Education and Psychological Services:	• Medical Records
• Attendance Records	• Health Records	• Copy of Report Cards	• Psychological Records	• Speech and Hearing Records
• Basic State-Mandates Cumulative Records	• Standardized Test Results		• Special Education Records	• Other _____

Releasing School:
<p>School Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>

I, _____ the parent or legal guardian of the above named student(s), hereby authorize for the release of his/her records.

Signature of Parent/Guardian

Signature of Receiving Principal