



# 2024-2025 CFCA Authorization Form

## Transcript Release of Student Records

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

| Students Name | Date of Birth | Grade Entering |
|---------------|---------------|----------------|
|               |               |                |
|               |               |                |
|               |               |                |

|   |  |
|---|--|
| <b>Social Security Number (Last 4 Digits)</b> | <b>xxx-xx-</b> <u>   </u> <u>   </u> <u>   </u> <u>   </u> |
|---|--|

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 _____                |

|  |
|--|
| <b>Releasing School:</b>   |
| <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