



Christian Faith Center Academy

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AUTHORIZATION TO RELEASE RECORDS

To: _____ DATE: _____

STREET: _____ CITY: _____ ZIP: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ GRADE: _____

I, _____, the parent or legal guardian of the above named student, hereby authorizes the release of his/her records as indicated in Section A or B below for the purpose of school placement and/or education planning.

A. RECORDS FOR SCHOOL USE:

1. Basic state-mandates cumulative records
2. Health Records
3. Grades
4. Standardized test results
5. Attendance records
6. Aptitude test results
7. Discipline records

B. RECORDS FOR SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES:

1. Medical records
2. Psychological records
3. Speech and hearing records
4. Special education records
5. Other: _____

Signature of Parent/Guardian: _____ Relation: _____

Date: _____

FOR OFFICE USE ONLY

Date Request Mailed/Fax _____ Date Request Received _____

Date Transcript Mailed/Faxed _____ Date Transcript Received: _____

Transcript... Complete: _____ Incomplete: _____