

**RECORDS RELEASE REQUEST**

\_\_\_\_\_  
Former School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

RE: \_\_\_\_\_  
Student

\_\_\_\_\_  
\_\_\_\_\_

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

Please release the following information on my child,  
to Little Rock Christian Academy.

\_\_\_\_\_

\_\_\_\_\_ General Cumulative Folder Data, including Standardized Test Data

\_\_\_\_\_ Previous teacher's recommendations

\_\_\_\_\_ Medical Records

\_\_\_\_\_

The purpose of this release is to provide Little Rock Christian with up-to-date information  
for instructional planning and will be used for that purpose only.

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

\_\_\_\_\_

\_\_\_\_\_

