

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

