



## RECORDS RELEASE REQUEST

_____	_____
<b>FORMER SCHOOL</b>	<b>DATE</b>
_____	<b>RE:</b> _____
_____	<b>STUDENT</b>
_____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS</b>	

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.

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**PARENT/GUARDIAN SIGNATURE**

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Our preferred method to receive records is by email. If you are sending records for a student applying to our school, please direct them to Heidi Brandt. If you need to receive records for a student, please email Kelly South.

**HEIDI BRANDT**  
heidi.brandt@littlerockchristian.com

**KELLY SOUTH**  
kelly.south@littlerockchristian.com