

Impact Christian Academy

Student Record Release Authorization

Parents, please sign release and send to student's current school

Applicant's Name _____
(Last) (First) (Middle) (Preferred Name)

Current Grade _____ Date of Birth _____

Applicant's Current School _____

School Address _____

(City) (State) (Zip Code)

Phone Number _____ Fax Number _____

Please send Impact Christian Academy the following documentation:

- Current and last two years final report cards
- Teacher Recommendation Form
- Last two years standardized test scores
- Transcript for students entering 10th grade
- Health data

I give permission for the above records to be sent to Impact Christian Academy.

➤ _____
(Parent/Guardian Printed Name)

➤ _____
(Parent/Guardian Signature) (Date)