



IMPACT CHRISTIAN ACADEMY

9501 Arlington Expressway Suite 245B, Jacksonville, FL 32225

Phone: 904-652-1441 • Fax: 904-345-0801

Email: www.icajax.com

STUDENT RECORD RELEASE AUTHORIZATION

Student's Name _____
(Last) (First) (Middle)

Current Grade: _____ Date of Birth: _____

Student's Current School: _____

School Address: _____

School Phone: _____ Email: _____

PLEASE SEND THE FOLLOWING RECORDS TO:

Impact Christian Academy
Admissions Department
9501 Arlington Expressway Suite 2458
Jacksonville, FL 32225

Phone: 904-652-1441
Fax: 904-345-0801
Email: Shirley.Simons@icajax.com

- ☒ Report Card (*current and last two years final*)
- ☒ Standardized Test Dates & Scores
- ☒ Special Education Records-IEP/504 Plan
- ☒ Birth Certificate and Social Security Card

- ☒ Transcript
- ☒ Attendance Records
- ☒ Discipline Records
- ☒ Health Records

COMMENTS:

1st request: _____
2nd request: _____
3rd request: _____

Signature of Parent (upon request): _____ Date: _____

Parental permission is no longer required when authorized school personnel request records. [Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24, 673.]

Once completed please email to Shirley.Simons@icajax.com