

Authorization for the Release of Records

School:

Address:

On behalf of my child, _____, who is presently enrolled as a student at your school, I have applied for admission to Grace Covenant Academy beginning on _____, 20____. I hereby authorize you to release a complete copy of his/her file. Please include a transcript of his/her academic record, health forms, relevant test scores, teachers' comments, and observations of his/her overall development and progress.

Signature of Parent or Guardian _____

Date _____

Please forward these records to:
Grace Covenant Academy
17301 Statesville Rd
Cornelius, NC 28031
(704) 892-5601
(704) 892-7206 fax