



## Student Record Release Authorization

Student Name: \_\_\_\_\_  
*First* *Last*

Date Of Birth: \_\_\_\_\_

Preschool Name: \_\_\_\_\_

Dates Attended Last School: \_\_\_\_\_

### The following records are hereby requested:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Progress Monitoring  | <input checked="" type="checkbox"/> Health/Medical records    |
| <input checked="" type="checkbox"/> IEP                  | <input checked="" type="checkbox"/> Copy of birth certificate |
| <input checked="" type="checkbox"/> 504 Plan             | <input checked="" type="checkbox"/> Church Reference          |
| <input checked="" type="checkbox"/> Discipline records   | <input checked="" type="checkbox"/> VPK Readiness Form        |
| <input checked="" type="checkbox"/> Immunization records | <input type="checkbox"/> Other _____                          |

Permission is granted to release the above information for a period of six (6) months:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**In accordance with Family Education Rights and the Privacy Act – Florida Statute 232.23 and the State Board of Regulation 62-T.955, I declare that I have been authorized to request the release of these records and to have them sent to us as soon as possible. Under Federal Law 99.21, no parent signature is required for educational records to be sent to another educational agency.**

### Please fax or mail records directly to:

Apopka Christian Academy  
441 S. Highland Ave.  
Apopka, FL 32703  
Fax: 407-814-3850  
registrar@[apopkachristian.org](mailto:registrar@apopkachristian.org)

**Thank you for your prompt attention to this release.**

**Blessings,  
Apopka Christian Academy  
Office of Admissions**