



Student Record Release Authorization

Student Name: _____
First *Last*

Date Of Birth: _____

Previous School Name: _____

Dates Attended Last School: _____

The following records are hereby requested:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Transcripts | <input checked="" type="checkbox"/> Immunization records |
| <input checked="" type="checkbox"/> Report Card (Last two years) | <input checked="" type="checkbox"/> Health/Medical records |
| <input checked="" type="checkbox"/> Grades at time of withdrawal | <input checked="" type="checkbox"/> Copy of birth certificate |
| <input checked="" type="checkbox"/> IEP | <input checked="" type="checkbox"/> Church Reference |
| <input checked="" type="checkbox"/> 504 Plan | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Discipline records | |

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@[apokchristian.org](mailto:registrar@apokchristian.org)

Thank you for your prompt attention to this release.

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