

**GRACE CHRISTIAN ACADEMY**  
*Student Record Release Form*

**Parent: Please complete the form below authorizing release of records from the student's previously attended school.**

\_\_\_\_\_  
**APPLICANT'S NAME**

\_\_\_\_\_  
**GRADE**

\_\_\_\_\_  
**DATE OF BIRTH**

**I grant permission to the proper authorities at**

\_\_\_\_\_  
Name of Applicant's Current School

\_\_\_\_\_  
School Address City/State/Zip Code

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School Fax Number

**to release a copy of the following records to Grace Christian Academy:**

**Checklist**

- Attendance record
- Academic Records
- Standardized Achievement test scores
- Intelligence and aptitude test scores
- Teacher and/or counselor observations and comments
- Discipline Record
- Family background data
- Other: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature—Grace Christian Academy**

**Please forward all applicable records to the following address:**

**GRACE CHRISTIAN ACADEMY**

**1705 ACCESS ROAD**

**COVINGTON, GEORGIA 30014**

**PHONE: 770-385-7390**

**FAX: 678-212-0363**