



**CENTRAL CHRISTIAN ACADEMY
RELEASE FOR SCHOOL RECORDS**

I do hereby authorize: _____
Previous School

Street Address City & State Zip Code

To release all records and information regarding:

Student's Name Grade Date

Please release to Central Christian Academy the following records:

1. Former and current grades
2. I.Q. and Achievement test scores
3. Psychological evaluations (if applicable)
4. Health/Shot Records
5. Official Transcripts with seal
6. Other pertinent information (from student's permanent records)

**Send all information to: Central Christian Academy
5503 N Hiawasse Rd
Orlando, FL 32818
Attention: Admissions**

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976 Vol. 41, No. 118, P. 24673)