

ALETHEIA CHRISTIAN ACADEMY
1700 Woodchuck Avenue
Pensacola, Florida 32504
Phone (850) 969-0088 Fax (850) 969-0906

TRANSFER RELEASE REQUEST FORM

School Name: _____

School Address: _____

Student Name: _____ Grade: _____

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Aletheia Christian Academy of all educational records about the above named individual who is applying to Aletheia Christian Academy, including recommendations and such other information as may be requested.

Date Parent/Legal Guardian Signature

TO PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has made application for admission to Aletheia Christian Academy. We would appreciate your help in sending the following information as soon as possible.

1. A transcript of the student's record to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. All health records, including immunization, vision, and hearing tests.
4. Copy of all psychological reports.
5. Copy of individual Educational Plan.
6. Copy of Special Education Placement forms.

If this student is admitted to Aletheia Christian Academy, at the termination of this school year we shall report a final transcript of the student's records. Please hold this authorization form on file so that a second form will not be necessary at that time. Thank you in advance for your cooperation.

This information should be mailed to the address above.