

Transcript Release Form

Student's Name _____
(Last) (First) (Middle)

Date of Birth ____/____/____ Current Grade _____ Current Academic Year _____
(Month) (Day) (Year)

School Releasing Records: _____
Name of School

Street Address

City State Zip Code

Telephone

Permission for Release of Records

Parents/guardians: Please complete this form and return it with student application.

I hereby grant permission to _____ *(applicant's current school)*
to release my child's school records to Landenberg Christian Academy.

Parent/Guardian Signature Date

School Administrator, please release all applicable records:

- Scholastic records
- Standardized test scores (if any)
- Health record
- Attendance information
- Educational evaluations (if any)
- Individualized Education Plans (if any)
- Discipline reports (if any)
- Additional information as may be required

Thank you for your assistance. Please mail this form with the requested records to:

LANDENBERG CHRISTIAN ACADEMY
Admission Office
PO Box 397
Kemblesville, PA 19347
Phone: (610) 255-5805 Fax: (610) 255-5512