

Liberty Christian Academy
Grades 1-12

Consent & Request for Release of Information

Student Name: _____

Date of Birth: _____

Date of Request: _____

Name and full address of previous school attended:

I, the undersigned, do hereby authorize the above named school to release the following information to the institution named below:

- Cumulative permanent school records, including grade reports to-date, attendance records, achievement test scores, etc.
- Birth Certificate Number and Social Security Number
- Health / Immunization Records
- Testing and Evaluation Records
- Recent I.E.P. and Diagnostic Summary if applicable
- Results of the Missouri Constitution Test
- Results of the U. S. Constitution Test
- Any Instructional Management Data
- Disciplinary Records

Above requested items may be sent to:

Liberty Christian Academy
P.O. Box 514 (636) 745-0388 – phone
Wright City, MO 63390 (636) 745-0390 – fax

I hereby release said school from any liability for information pursuant to this authorization.

Signed:

Father or Guardian's Signature/Date

Mother or Guardian's Signature/Date

Revised 03/08