



CENTRAL CHRISTIAN ACADEMY

P.O. BOX 1629, GOLDENROD, FLORIDA 32733

LESLIE RAWLE, SCHOOL DIRECTOR

REQUEST FOR RELEASE OF SCHOOL RECORDS

(Name of School Last Attended)			
(School Address)			
(City)	(State)	(Zip)	(County)
(Student's Name)	(Grade)	(D.O.B.)	
(Student's Name)	(Grade)	(D.O.B.)	
(Student's Name)	(Grade)	(D.O.B.)	

Dear Registrar/Records Clerk:

The student(s) listed above are in the process of enrolling in the program of Central Christian Academy. Please send a complete Academic Transcript including:

- **Grades** • **Grades at time of withdrawal** • **Attendance records**
- **Health/Immunization records** • **Birth certificate** • **Grading system or scale**
- **Standardized test scores** • **Intellectual psychological evaluations**

All such records and information will be held in strict confidence and are for professional use of authorized school personnel only. If the student left during a grading period, please indicate the partial grades earned for that period. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

Please send the requested material to:

**Central Christian Academy
P.O. Box 1629
Goldenrod, Florida 32733**

Note: According to the final regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for release.

(Parent or Guardian)

(Date)

Thank You,

Leslie Rawle
School Director

If you Fax records, Fax only essentials and mail the rest of their file. Thank You!

Phone 407.332.6988

FAX 407.332.4413

E-Mail cca@acces-inc.com