



# Authorization To Release Student Records

Completed by parents and NFCA Administrator

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## STUDENT INFORMATION

Student's name \_\_\_\_\_  
Last First Middle Called by

Mailing address \_\_\_\_\_  
Street City State Zip

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PREVIOUS SCHOOL INFORMATION

School's name \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street City State Zip

## AUTHORIZATION REQUEST

Please send all school information, including immunizations, on the student listed above.

According to the Family Education Rights and Privacy Act, it is no longer necessary to obtain written consent to release records to other educational facilities.

Parent or Guardian's signature: \_\_\_\_\_

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### For office use only

#### Please mail records to:

North Fork Christian Academy  
PO Box 26  
Hotchkiss, CO 81419

Date requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NFCA Administrator's signature: \_\_\_\_\_