



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 release all school information on the student listed above to NFCA: academic records and grades, attendance records, behavior records, state testing results, and immunizations.

Parent or Guardian's signature: _____



For office use only (Unnecessary if parents request these records themselves and bring them to NFCA's Administrator)

Please email records to:
pastorjake@rocketmail.com

Or mail records to:
North Fork Christian Academy
PO Box 26
Hotchkiss, CO 81419

Date requested: ____ / ____ / ____

NFCA Administrator's signature: _____