



NORTHDALE CHRISTIAN ACADEMY

Release of Records to Northdale Christian Academy

I hereby give my permission for the release to Northdale Christian Academy any medical, psychological, social, or educational information, including information from other agencies or sources on

Student Name

Date of Birth

Name and Address of Previous School

School Name

Street Address

City

State

Zip

Please send all records to

Northdale Christian Academy

15709 Mapledale Blvd.

Tampa, FL 33624

or

school@northdalelutheran.org

Parent Name

Date

Parent Signature

Comments:

Return this document to Northdale Christian Academy by mail or email:

school@northdalelutheran.org