

Release of Records Request

Applicant's Parent/Guardian: Complete this form and submit to your child's current school. Do not send this form back to Northdale Christian Academy.

I hereby authorize the release of records for th	e following stud	ving student to Northdale Christian Academy			
Student Name	Date of Birth			_	
Parent Name	- i	Date			
Parent Signature	_				
Name and Address of Current School					
School Name					
Street Address	City	State	Zip		

Applicant's Current School: Please send the following records to Northdale Christian Academy.

- Three years of official transcripts (current school year to date and previous two school years)
- Three years of attendance records (current school year to date and previous two school years)
- Standardized test scores
- Discipline records
- Completed Northdale Christian Academy student recommendation form
- Any other current psychological, social, educational, or medical information, including information from other agencies or sources

Return this document along with the requested records to Northdale Christian Academy by mail or email: school@northdalelutheran.org