

STUDENT RECORDS RELEASE

LEGACY CHRISTIAN ACADEMY

1894 E. William Street Suite 4, #305

Carson City, NV 89701

Phone: 775.316.8540 Email: admissions@lcanv.org

Student Record Release Authorization to be sent to student's current school

Current School _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Student Information

Applicant's Full Name: _____

First

Middle

Last

Current Grade Level: _____ Date of Birth: _____

The above student has expressed an interest in attending Legacy Christian Academy. In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, please send Legacy Christian Academy the following information on the above referenced student.

- | | |
|---|--|
| <input type="checkbox"/> Current plus last 2 years report cards | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Last two standardized test scores | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Include any IEP/504 records or referral |
| <input type="checkbox"/> Discipline Report & Statement of Good Standing | for academic resources or testing |
| <input type="checkbox"/> Attendance Report | |

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date