



# Firelands Christian Academy

## CONSENT FOR RELEASE OF STUDENT RECORDS

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The student listed below has enrolled in Firelands Christian Academy. Please send transcripts and records to assist in grade placement. Please include health and immunization records if available.

Student's Name \_\_\_\_\_ Grade last year \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last school year of attendance \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

This transfer is provided for in the Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. These regulations no longer require a written acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other educational institutions.

**SEND TO:      Firelands Christian Academy  
                    P.O. Box 334  
                    Sandusky, OH 44871-0334**