

FULL ARMOR CHRISTIAN ACADEMY

Request for Student Records



The Family Educational Rights and Privacy Act of 1974 gives all parents of students under 18 years of age, and all students over 18 or attending post secondary schools, the right to see, correct and control access to student records. The Act further stipulates that "personal information shall only be transferred to a third party on the condition that such party will not permit any other party access to such information without written consent."

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I hereby authorize _____ to release all educational, medical, social and/or psychological information that has been made a part of the school records regarding the student listed below. I further release this school from all liability and claims pertaining to disclosure of the information requested.

STUDENT'S LEGAL NAME:

Last Name	First Name	Initial	Date of Birth
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Name of Last School Attended

Last Grade Completed/Current Grade Level	Date of Withdrawal
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Records Requested by:

Relationship to Student: _____ Self (if over 18) _____ Parent or Guardian
 _____ Other (please specify) _____

Signature	Contact Phone Number	Date
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Records Being Requested:

_____ All Records
 _____ Official Transcript & Test Scores
 _____ Only the specific records listed: _____

Records Should Be:

_____ Held for pick up by parent or guardian.

_____ Mailed to: Full Armor Christian Academy
 600 Erwin St.
 Louisville, IL 62858

