

First Assembly Christian School

Request and Consent for Information

Student's Name _____ *Grade* _____

Student's Date of Birth _____

Check items to be released:

_____ Transcripts of Grades

_____ Special Evaluations

_____ Attendance Records

_____ Immunization Records

_____ Test Data

_____ Other (Specify) _____

Please send the above information to:

**First Assembly Christian School
2500 Arnold Drive
Monroe, NC 28110
Telephone: 704-283-2739
Fax: 704-283-0459**

Reason for Request _____

Parent/Guardian Signature

Date

Name and Address of Previous School

Telephone Number

Fax Number