



Faith First Academy  
803 Howard Ave  
Myrtle Beach, SC 29577  
(843) 848-9953

## STUDENT RECORD RELEASE FORM

STUDENT

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

I hereby authorize the release of a copy of the following records to FAITH FIRST ACADEMY:

- All official academic records, including most recent progress report
- Standardized test scores
- Health records
- Attendance records
- Disciplinary records
- Psychological testing and evaluation, if any.

\_\_\_\_\_

Parent (signature)

\_\_\_\_\_

Date

To the guidance office/student records,

Faith First Academy requests copies of the above information to evaluate admissions requirements. Thank you for your prompt response to this request.

PRINCIPAL, KRISTEN FAZIO FAITH FIRST ACADEMY