



**MAIL TO: LAKEVIEW CHRISTIAN ACADEMY**  
**122 W Seward Road**  
**Guthrie, OK 73044**  
**Tel: 405 282 0987**

<b>STUDENT RECORD RELEASE AUTHORIZATION</b>	
<b>Previous School</b>	
<b>Address</b>	
<b>City / State / Zip</b>	
<b>Phone (      )</b>	<b>Fax # (      )</b>

Dear Administrator/Registrar:

The following student has enrolled in our school. In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please forward his/her cumulative records to Lakeview Christian Academy. Please include all report cards, test scores, health/immunization records, and any special program records.

Student Name	Age & Date of Birth	Grade at Withdrawal	Current Grade

I give permission for the above records to be released.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of Requesting Registrar

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date