



LEGACY CHRISTIAN ACADEMY

1376 State Road 60 E., Lake Wales, FL 33853

Office: 863-259-8313 / FAX: 863-968-2977

www.LegacyFL.org

Request and Consent to Release Student Record

Date: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ Social Security Number: *** ** _____

Former School Name: _____

☒ **Withdrew** ☐ **Graduated on** _____ ☐ **GED on** _____

To Whom It May Concern:

The student named above had been enrolled in our school. Please send all student records to **Legacy Christian Academy** as soon as possible.

PLEASE RELEASE the following reports or evaluations ASAP:

☒ **Official School Transcripts (9-12)**

☒ Discipline / Behavioral Records

☒ **Final Report Card (K-8)** ☐ IEP or 504 Plan ☐ Physical & Immunizations

☒ ALL Tests Scores ☐ IEP Evaluation ☐ ST, OT, PT Evaluations

☐ Title One

☐ MTSS

☐ Hearing / Visually Impaired / Handicapped

☐ Gifted

☒ Student-Athlete Evaluations / Performance Reports /
Scores History, if any

☐ Approved Scholarship Information

☒ **All of the above**

ADDITIONAL COMMENTS: _____

***A School Transcript is required for all High School (9th-12th) Students.**

RELEASE AUTHORIZATION

I, _____, parent / legal guardian of the student mentioned above, authorized your school to release all my child's records to **Legacy Christian Academy**. I do authorize **Legacy Christian Academy** to receive and to evaluate all received records.

Parent / Legal Guardian Signature

Date