



# REDEEMER CHRISTIAN ACADEMY

200 E. 1st Street, Mesa, AZ 85201  
Ph: 480-833-4430  
office@redeemereducation.com  
www.redeemereducation.com

## Student Records Release Form

### Request for Release of Student Records

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: ☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

### Current/Previous School Attended

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Authorization for Release

I hereby authorize the release of the complete school records for the student named above to the school listed below. Records may include but are not limited to:

- Academic transcripts and report cards
- Standardized test results
- Disciplinary and attendance records
- Individualized Education Plan (IEP), 504 Plan (if applicable)
- Health and immunization records
- Psychological or special services evaluations (if applicable)

### Receiving School Information

School Name: Redeemer Christian Academy

School Address: 200 E. 1st Street, Mesa, AZ 85201

Phone: 480-833-4430

Email: [office@redeemereducation.com](mailto:office@redeemereducation.com)

Records may be sent by:

- ☐ Mail
- ☐ Secure Email

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### Parent/Guardian Authorization

In accordance with the Family Educational Rights and Privacy Act (FERPA), I give permission for the release of my child's educational records to the receiving school named above. I understand that this release permits the exchange of information necessary for enrollment, placement, and continuation of services.

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: ☐ Parent ☐ Legal Guardian ☐ Other: \_\_\_\_\_

- A SPIRIT OF EXCELLENCE -

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School Use Only

Date records sent: \_\_\_\_\_

Sent by: \_\_\_\_\_

Method: ☐ Mail ☐ Email