



**Authorization to Release Previous School Records**  
*Please sign and submit to administrator of previous school.*

Name of Student: \_\_\_\_\_  
Last First Middle

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

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

**Authorization for Release of Information to Windsor Christian Academy**

To: \_\_\_\_\_  
(Name of Previous School Attended)

Address of Previous School: \_\_\_\_\_  
\_\_\_\_\_

Previous School Phone Number: \_\_\_\_\_

Previous School Fax Number: \_\_\_\_\_

This letter is written to request that you forward all school records including standardized test scores, academic (grades, transcripts) health, discipline, and all special education records relating to the student listed above.

Please forward records to:

**Windsor Christian Academy**  
**P.O. Box 596**  
**Uwchland, PA 19480**  
**Phone: 610-458-7177**  
**Fax: 610-458-2569**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date