



7101 Lake Ellenor Dr. · Orlando · FL · 32809  
407.313.7222 · Fax 407.313.7226 · www.pccaeagles.org

## Student Record Release Authorization Form Grades 1-12

### Student Record Release Authorization Form to be Sent to Student's Current School

\_\_\_\_\_  
Student's Current School

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School Street Address

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Current Grade

The above student has expressed an interest in attending Pine Castle Christian Academy. In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please send Pine Castle Christian Academy the following information on the above referenced student:

- Last two years report cards (minimum)
- Transcript (Grades 10 - 12)
- Last two years of standardized test scores
- Psychological and Educational Evaluations
- IEP (if applicable)
- Attendance Records
- Health Data
- Discipline Records
- Accelerated Reader Records (if available)
- Other Pertinent Information

\_\_\_\_\_  
Parent/Guardian's Name (PLEASE PRINT)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date