



Central Valley Christian Academy

2020 Academy Place • Ceres, CA 95307
(209) 537-4521 • FAX (209) 375-2136

AUTHORIZATION FOR RELEASE OF RECORDS

DATE: _____

I HEREBY AUTHORIZE: Name and address of school last attended (**Please Print**)

TO RELEASE THE CUMULATIVE RECORD FOLDER FOR:

Student's Name: _____

Date of Birth: _____

STUDENT CUMULATIVE RECORDS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING INFORMATION:

- | | |
|---|--|
| <input type="checkbox"/> Student Health Record | <input type="checkbox"/> Student Confidential Psychological File |
| <input type="checkbox"/> Transcript of Grades & Test Scores | <input type="checkbox"/> Discipline Records |

Central Valley Christian Academy is hereby authorized to obtain and/or share the indicated information with the above named agency. A parent may request a copy of the material being transferred by paying for the reproduction costs, and may request a hearing if they question any part of this material.

Parent/Legal Guardian/Student (if at least 18)

Central Valley Christian Academy
Registrar

PLEASE MAIL RECORDS TO:

Registrar
Central Valley Christian Academy
2020 Academy Place
Ceres, CA 95307