



CHRIST CLASSICAL ACADEMY

Student Records Release Form (Parent)

To: _____

Date: _____

My permission is hereby granted for a complete transcript documenting all former and current grades, test scores (IQ and Achievement Test), psychological evaluations (if any), health records and pertinent information from the student's record to be released to:

**Christ Classical Academy
1983 Mahan Dr.
Tallahassee, FL 32309**

This information, once received by CCA, will be used by school personnel only for the purpose of identifying educational needs and providing services necessary for the designated student(s).

Student Name _____ Current Grade _____
Student Name _____ Current Grade _____

Thank you for you cooperation in this matter.

Parent Signature _____ Date _____