



RECORDS RELEASE REQUEST

LIBERTY CHRISTIAN ACADEMY

10447 Refugee Road, Pataskala, Ohio 43062 Phone 740-964-2211 Fax 740-964-2311
www.libertychristianacademy.org

Date: _____

To: School Name _____

Address _____

City, State, Zip _____

Re: Student Name _____

Date of Birth _____ Grade _____

This student is now registered in our school. Please send a copy of the academic, health, and any testing records for this student. Thank You.

Requested By

Title

Thank you for your assistance and early attention to this request.

Parental permission is not required when records are requested by authorized school personnel - Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976

“Take fast hold of instruction; let her not go: keep her; for she is thy life.” Proverbs 4:13