



Elizabethtown Christian Academy

Authorization for the Release of Student Records

Please send this to the school your child has been attending.

To the parent/guardian:

This form authorizes your child's current school to release a copy of academic records to Elizabethtown Christian Academy. Please complete and sign this form, and then send it to the school your child is attending or last attended.

Registrar/Records Administrator:

I hereby authorize you to send a copy of the items listed below to Elizabethtown Christian Academy for the student listed below so he/she can be considered for admission.

1. Grades (including past years and current year grades up to this date)
2. Standardized test scores
3. Discipline records
4. Attendance records
5. Any other academic reports

Please do not send the original or complete file/record or withdraw this student unless you are notified of the child's enrollment at Elizabethtown Christian Academy. At this time, this child is in the application process.

Please mail this information to: Director of Admissions
Elizabethtown Christian Academy
1800 West Broad Street
Elizabethtown, NC 28337
Phone: 910-862-3427

Child's Full Name: _____

DOB: _____ Today's Date: _____

Parent Signature: _____