

Faith Christian School

6659 E. University Drive

Mesa, AZ 85205

Phone: 480-833-1983 · Fax: 480-325-1096

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To: _____

Previous School

School's FAX #

Address

City

State

Zip Code

STUDENT: _____

First Name

Middle

Last Name

BIRTHDAY: _____

Month

Day

Year

Please send/fax a copy of the following:

Transcript of grades and/or Withdrawal

Grades

Health Card

Achievement Test Scores

Attendance Record

Psychological Records

Medical Evaluations

Reports

And any other confidential

or pertinent records

pertaining to this child

To: Faith Christian School

P. O. Box 9086

Mesa, AZ 85214-9086

Signature _____ Date _____

Parent or Guardian