



HARVESTER CHRISTIAN ACADEMY

4241 Central Church Road

Douglasville, GA 30135

Phone: (770) 942-1583 Fax: (770) 942-9332

**AUTHORIZATION FOR RELEASE OF RECORDS
GRADES K-12**

Instructions to Parents: Complete items (1) through (4) on this page.

(1) Student's Name _____
(First) (Middle) (Last) (Name Used)

(2) Applying to Grade _____ to enter _____
(Month/year)

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records regarding the above-named student to Harvester Christian Academy, including recommendations and such other information as may be requested.

I am giving you permission to release my child's records to the Registrar at Harvester Christian Academy.

(3) Date _____ (4) Signature of Parent/Guardian _____

TO GUIDANCE COUNSELOR OR REGISTRAR:

The student named above, has made application for admission to Harvester Christian Academy. We would appreciate you promptly sending the following:

- ___ A transcript of the student's record to date, including grades for courses in progress
- ___ A copy of the student's end of year report cards for past two years
- ___ A copy of the student's standardized test results for the past two years
- ___ A copy of all health records, including immunizations, vision and hearing tests.
- ___ A copy of the Birth Certificate
- ___ A copy of any psychological reports _____
- ___ A copy of any Individual Education Plan _____
- ___ A conduct record or statement of no discipline/behavior problems signed by a school official.

****Note:*** *If any of the above items do not exist for this student, please indicate by writing N/A and your initials beside the item and return this form along with the other items requested.*

(Revised 11/11/10)