

CONSENT FOR RELEASE OF INFORMATION

Full Name of Student _____

Date of Birth _____

I hereby authorize:

Previous School _____

Address _____

to release all educational records concerning my child including:

- an up-to-date transcript and/or report card
- grading scale
- test scores
- discipline records
- health and attendance records
- psychological and social history information

To: **VICTORY CHRISTIAN PRESCHOOL & ACADEMY**

Signature of Parent or Guardian

Date

Street Address

Daytime Telephone (10-digit)

City

State

Zip