



HARVEST CHRISTIAN ACADEMY

RECORDS RELEASE FORM

*Parents of students should mail, FAX or hand carry this form to their child's **current school** as soon as possible so that the school can forward copies of the child's school records to Harvest Christian Academy*

Student's Full Name: _____
 Date of Birth: _____ Grade _____
 School: _____
 Parent Name: _____
 Parent Address: _____

I, parent and/or guardian of the above student, hereby authorize HARVEST CHRISTIAN ACADEMY, 1000 N. Randall Road, Elgin, Illinois 60123

To obtain information from:

Name of School

Address City, State, Zip Code

School records may be examined by parent(s), or learner, if of legal age. The information to be released may include the following:

- | | |
|--|---|
| Official School records (name, address,
birth date, sex, attendance record,
grade level, grades, class rank,
standardized group test results) | Health Records |
| Social Work Reports | Chemical Abuse/Dependency Reports |
| Psychological Reports | Special Ed Records (Including Related Services) |
| Others (please specify): | Teacher, Counselor, Staff Observations |
| _____ | Medical Reports (Including Related Services) |
| _____ | Psychiatry Reports |

The purpose for this request is as follows: _____

I understand that this authorization takes effect immediately. It expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

DATED: _____
Parent Signature (or Student, if of legal age)