

RELEASE OF RECORD FORM

Providence Christian Academy <u>requires</u> student records for review from *previously attended* schools or any other academic programs which the student participated in; this includes pre-K, or any IEP (individualized education program) such as speech/language therapy or special education received elsewhere. Please complete the form and send it to your child's school/program for release of student records.

Address	Cit	У	State	Zip
	Name of School/Program (previously/currently a	ttended by stud	ent):
	(parent name)			
l,		herby authoriz	e:	
Student #3	3 Name:		-	
Student #2	2 Name:		-	
Student #1	l Name:		-	

To release all school records which include courses and grades, test results, written evaluations, standardized testing, attendance records, health records, and educational plans to:

Providence Christian Academy Admissions Office

385 Chapman St. Greenfield, MA 01301 (Tel) 413-325-3917 (Fax) 413-828-2554 Email: admissions@pcama.org Website: pcama.org

Parent Signature Date