WRIGHT
CHRISTIAN ACADEMY

RELEASE OF RECORDS

AUTHORIZATION FOR RELEASE OF RECORDS

DATE _____

STUDENT'S NAME _____
(please print) FIRST MIDDLE LAST

DATE OF BIRTH _____ GRADE _____

PREVIOUS SCHOOL ATTENDED _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE (____) _____ FAX(____) _____

MY CONSENT IS GIVEN TO RELEASE THE FOLLOWING INFORMATION ON THE ABOVE NAMED STUDENT TO:

WRIGHT CHRISTIAN ACADEMY
Attn: Registrar
11391 E. Admiral Place
Tulsa, OK 74116-3008

FAX 918-438-0700

☐ WITHDRAWAL GRADES

☐ TRANSCRIPT

☐ STANDARDIZED ACHIEVEMENT

☐ SCORES ON STANDARDIZED INTELLIGENCE TESTS

☐ HEALTH DATA AND RECORDS

☐ OTHER _____

GUARDIAN SIGNATURE _____

RELATIONSHIP TO STUDENT _____