

Please print or type

**Authorization For the Release of Records**

**Parent or Guardian:** Please complete this form and submit it to your child's current school. Please note: we cannot complete the application process until we have all of the records. Please have the current school send the information to the below address. Thank You. Admissions Board.

To release information and send to:

First Love Christian Academy  
31 East Chestnut Street, Admin. Suite 302  
Washington, PA 15301  
724.228.3547 (Phone & Fax)

In regard to: \_\_\_\_\_  
*Name of the Student* *Date of Birth* *Current Grade*

- Information to be forwarded includes:
- All Academic Records including attendance records, reading levels, and standardize tests scores.
  - Health and Dental Records
  - Other available school records including results of psychological testing.
  - Discipline Records

**This information is to be used for professional purposes only and will be held in strict confidence.**

\_\_\_\_\_  
***Signature of parent/guardian*** ***date***