

**TRANSCRIPT RELEASE**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The student listed above has applied to enter grade \_\_\_\_ at Denver Christian Academy.

We are requesting **all** of the following information:

- Transcripts or Academic Records
- Faculty evaluations, including courses taken and grades received
- Health and Personal Records (including record of immunizations & birth certificate)
- Attendance records
- Clinical & Professional (including 504 or I.E.P. for this student)
- Disciplinary Records
- Results of achievement and aptitude tests
- Court appointed custody documents (if applicable)

By signing below, I authorize the school listed above to release the requested records to Denver Christian Academy, including records for my child that are confidential in nature pertaining to their academic and/or behavioral record.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_