



OKEECHOBEE CHRISTIAN ACADEMY

OkeechobeeChristianAcademy.org

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

(Please type or print in ink)

This form is used to request a student's records from the previous school they attended. Please do not submit this form to the previous school yourself. Instead, sign and submit this authorization to the Okeechobee Christian Academy office. The office will mail/fax it at a later date.

Student's Legal Name: _____
Last First Middle

Grade Entering: _____ Date of Birth: _____
(mm/dd/yyyy)

Previous School's Full Name: _____

Previous School's Mailing Address: _____
(Street or P.O. Box)

(City) (State) (Zip)

Previous School's Telephone Number: (_____) _____ -- _____

Fax Number: (_____) _____ -- _____

I hereby request and authorize my child's previous school, listed above, to transfer to Okeechobee Christian Academy ALL information or records (**Birth certificate, immunization-DH680, school entrance physical, academic, medical, behavioral, psychological, social, etc.**) which pertain to my child—including previous records from previous schools. Furthermore, I hereby release the above listed school from all legal liability that may arise from the release of any information or records requested from Okeechobee Christian Academy.

Please be aware that sending these records is part of our application process and DOES NOT IMPLY THAT THE ABOVE STUDENT HAS BEEN ACCEPTED FOR ENROLLMENT. Should the student not be accepted, the records will be returned to the sending school. We will not be the official keeper of these records in the event that the student is not accepted for enrollment.

Parent Name (print) Parent Signature Date

Parent Name (print) Parent Signature Date

Please email all information and records to Office@OkeechobeeChristianAcademy.org
or send a fax to (863) 357-6849. Thank you!

**701 S. Parrott Ave • Okeechobee, FL 34974 • Office@OkeechobeeChristianAcademy.org
(863) 763-3072 • FAX (863) 357-6849**