



Excel Christian Academy Request for Confidential Records

TO THE PARENT/GUARDIAN OF APPLICANT:

Please print or type the authorization below and return this form to the admissions office with the completed application.

Authorization of Release for Educational Records

Student's Name	Birth Date	Grade
Most Recent School Attended	Phone	
Street Address	City, State, and Zip Code	
Fax number		

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents release to Excel Christian Academy of all educational records (including statement of disciplinary action or disciplinary records) and other information as may be requested about the above-named individual.

_____ Date

_____ Parent/Guardian's Signature

To Principal or Guidance Counselor:

We would appreciate you promptly sending the following documents to the address below:

- Complete transcript and latest grades
- Standardized test results
- Any special testing results or placement in special programs
- All disciplinary records or official statement of disciplinary action

Please mail or fax to: **Excel Christian Academy**

Attn: Admissions
6505 Odom Rd.
Lakeland, FL 33809
863-853-9235 ext. 1
Fax: 863-853-1835