



Record Release Form

Date: _____

I hereby authorize the following school to release any and all records regarding my child/children:

Name of previous school: _____

Address of previous school: _____

City: _____ State: _____ Zip: _____

Child's Full Name	Birth Date	Grade

Name of receiving school:

Temple Christian Academy
6185 SE 140th Street.
Summerfield, Florida 34491

Signature of Parent of Guardian

Relationship

Address

Telephone

Signature of Receiving Principal