

# Grace Academy

Christian Classical Collaborative

P.O. Box 1212, Boone, NC 28607 (828) 773-7830 graceacademyboone@gmail.com

## ACADEMIC RECORDS RELEASE FORM

Parent or Guardian, please complete this form and **MAIL TO THE PRESENT OR LAST SCHOOL** in which your child has been enrolled. **DO NOT RETURN THIS FORM TO GRACE ACADEMY.**

Present or last school: School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement or EOG Test scores, psychological evaluations (if any), health records and other pertinent information from the student's permanent record to be released to:

Grace Academy  
P.O. Box 1212  
Boone, NC 28607

This information, once received by Grace Academy, will be used by school personnel only for the purpose of identifying educational needs for the student named below:

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Thank you for your cooperation.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_