



CHRISTIAN HERITAGE  
ACADEMY

**Departing CHA Student  
Authorization for Release of Records**

Student Name: \_\_\_\_\_

- I am withdrawing my child from Christian Heritage Academy and authorize the school to release information regarding the above-named student.

Please transfer the following records (check all that apply):

- Attendance Records  
 Educational (i.e. grades, progress reports, standardized testing reports, etc.)  
 Health (i.e. Immunization, dental exams, eye screening/exams, physical exams, etc.)  
 Individualized Educational Program  
 Speech/Language Report  
 Other

I authorize Christian Heritage Academy to send the above-student's permanent school record. Please mail the records to the following address:

School/Agency: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Home Address (if applicable)

Office use only:

\_\_\_\_\_ Request Received    \_\_\_\_\_ Coordinator of Financial Services Approval    \_\_\_\_\_ Records Sent