



CHRISTIAN HERITAGE
ACADEMY

**RELEASE OF RECORDS AUTHORIZATION FORM
FOR STUDENT APPLYING TO CHRISTIAN HERITAGE ACADEMY**

Student First Name: _____ Student Last Name: _____

Former School/Organization: _____

Address: _____

Telephone: _____ Fax: _____

The student listed above has:

- Applied for admission
- Been accepted for admission
- Enrolled at our school

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

Please send the records to the following address:

CHRISTIAN HERITAGE ACADEMY
Attn: Adina Pascotescu, Registrar
315 Waukegan Road Northfield, IL 60093
FAX: 847-446- 5267 | EMAIL: apascotescu@christianheritage.org

I authorize Christian Heritage Academy to obtain the above-student's permanent school record.

Parent/Guardian Signature: _____ Date: _____

Current or New Family Home Address: _____

Current Phone: _____

OFFICE USE ONLY: Records Received: _____