Authorization For Release of Student Information and Request for Transcript

To be completed by parent or legal guardian of student

Student's Name_____Date of Birth_____

We request and authorize Faith Community Christian High School to send our child's transcript to_____to be used for the placement and evaluation of my child. We release Faith Community Christian High School from any and all liability resulting from and pertaining to the furnishing of these transcript records provided by Faith Community Christian High School.

_____ _____

Parents Please Print and Sign Name Date

_____ _____

Student Please Print and Sign Name Date