



## Student Records Release Permission Form Lake Country Classical Academy

Date: \_\_\_\_\_

Last School Attended:

\_\_\_\_\_

Address of Last School Attended:

\_\_\_\_\_

Last School Phone No:

\_\_\_\_\_

Last School Fax No:

\_\_\_\_\_

**PLEASE SEND A TRANSCRIPT OR THE OFFICIAL RECORDS FOR:**

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

**PLEASE INCLUDE:**

- Current Grades
- Test Scores
- Exceptional Education Records

I hereby give permission for the above named school to release all student records as herein requested to facilitate the enrollment of my child at the Lake Country Classical Academy.

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

\_\_\_\_\_  
Date