

HARVESTCHRISTIANACADEMY

RECORDS RELEASE FORM



- Parents please return completed form to HCA for our request of records.
- Parents please submit this form to your current school.

Student's Full Name: _____
 Date of Birth: _____ Grade _____
 Parent Name: _____
 Parent Address: _____

I, parent and/or guardian of the above student, hereby authorize
HARVESTCHRISTIANACADEMY, 1000 North Randall Road, Elgin, Illinois 60123
 Phone: 847.214.3500 | Fax 847.214.3501

To obtain information from:

 Name of School School Fax #

 Address City, State, Zip Code

School records may be examined by parent(s), or learner, if of legal age. The information to be released may include the following:

<input type="checkbox"/> Official School records (name, address, birth date, sex, attendance record, grade level, grades, class rank, standardized group test results)	
<input type="checkbox"/> Health Records Temporary/ permanent	<input type="checkbox"/> Academic Records Temporary/ permanent
<input type="checkbox"/> Medical Reports (Including Related Services)	<input type="checkbox"/> Special Ed Records (Including Related Services)
<input type="checkbox"/> Chemical Abuse/Dependency Reports	<input type="checkbox"/> Social Work Reports
<input type="checkbox"/> Teacher, Counselor, Staff Observations	<input type="checkbox"/> Psychological Reports
<input type="checkbox"/> Behavior Record	

The purpose for this request is as follows: _____

I understand that this authorization takes effect immediately. It expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

DATED: _____
Parent Signature (or Student, if of legal age)