



# The Christian Academy

4301 Chandler Drive • Brookhaven, PA 19015 • 610-872-7600

## GRADUATE STUDENTS REQUEST FOR RELEASE OF RECORDS

_____	_____	_____
Last Name	First Name	Middle (Maiden)
Year of Graduation: _____		OR Withdrawal Date: _____
Date of Birth: _____	Grade at Withdrawal: _____	
Contact Information (Phone/Email): _____		

### Institution Requesting Records:

Name _____
Street Address _____
City/State/Zip _____
Name _____
Street Address _____
City/State/Zip _____

I authorize the release of all official records (signed/school seal) to include: name, address, parent/guardian, grade level completed, group test results (SAT etc.) class rank, co-curricular activities, attendance, health records, psychological or special placement data, and grades to date of withdrawal or graduation.

_____	_____
Student Signature (required)	Date

**Fee: \$5.00 per copy**  
Cash, money order or checks accepted  
made out to TCA

*School Use*

Received: \_\_\_\_\_

Date record sent: \_\_\_\_\_

Paid: \_\_\_\_\_