Fort Worth Adventist Junior Academy

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Walking in Jesus' footsteps to achieve success for our present and future.

REQUEST FOR RECORDS

Parent/Guardian Authorization for Disclosure and Release of student records.

(Note: One of these forms must be completed for each school the student previously attended)

Student Name _____ Date of Birth _____ Gender: M F

Current Grade Level _____

Name of the school student previously attended:

Name of school _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please send the following records of the above named student:

_____ All academic records

_____ All medical and immunization records

_____All testing scores

_____All disciplinary records

_____All special education records

_____ _____ _____

Print Parent/Guardian Name Signature of Parent / Guardian Date Signed

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Office Use Only by FWAJA

Date request sent _____ Sent by ( ) Mail ( ) Fax ( ) Email

Notes _____

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