

THE CALVARY ACADEMY AUTHORIZATION TO RELEASE INFORMATION

Student's Last Name _____

First Name _____

M.I. _____

Date of Birth _____

Enrolling to enter grade: _____

Parent/Guardian Signature _____ authorizes the release of records from the following school:

Print Parent/Guardian Name

School/Institution Name

Release any of the following records available:

Discipline Records- Suspensions/Expulsions
Transcript of subjects and grades
Attendance Records
Standardized Test Results
Health Records
Court Orders (Custody, Restraining Orders, etc)
All other personally identifiable data

Address

City, State, Zip Code

Phone

Fax

The records may be released to:

**The Calvary Academy
11970 Kenn Road
Cincinnati, OH 45240
Attn: Mickey Gardiner**

**Phone: 513.674.9600
Fax: 513.674.9602
Email: mickey@thecalvarychurch.com**

If records are not available, please return our request indicating the reason:

- No records available
- Sending Partial Records
- Records not release due to unmet financial obligations

Registrar/Records Clerk

Date Responded