



Authorization for Release of Student Transcripts / Records— Grades K – 12

Parent / Guardian - Please complete this form to authorize release of a **COPY** of your child's records from the school they are currently attending. Your signature and printed name must appear at the bottom of the form.

Student Name: _____

Current School: _____

School Address: _____

School City. ST. Zip: _____

School Phone Number: _____

School Fax Number: _____

CURRENT School – Please send a **COPY** of the student transcripts, records to the school listed below.

North Tampa Christian Academy
5585 E County Line Rd
Wesley Chapel, FL 33544
Main Telephone Number 813.991.0801
Fax Number **+1 813.395.9317**

- Cumulative Records (3 years – if possible)
- Test Results (cognitive, reading, achievement, etc.)
- Individual Educational Programs (IEP) / Psychological Reports / 504 Plans
- Discipline Reports
- School Medical Records—If Applicable (medications, health plan, immunizations, etc.)
- Attendance Records

COPIES may also be emailed directly to our Enrollment Department at: admissions@northtampaca.com

I hereby authorize the above-named school to release the information specified above to North Tampa Christian Academy.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date