

Harvest Academy Christian School

370 Holiday Isles Blvd.

PO Box 700

Clewiston, FL 33440

Phone: 863.805.0485

Fax: 863.301.3272

RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act, I authorize the release of my child's school records to Harvest Academy Christian School.

Parent/Guardian Signature

Date

REQUEST FOR RECORDS

_____ has enrolled with us. The student was in the _____ grade at your school. Please send his/her records to our office. Our contact information is listed above.

Please include copies of:

- Birth Certificate
- Immunizations and Physicals
- Grades
- Testing/Evaluation information
- IEP or 504 Plan
- Standardized Test Scores
- Discipline Records

Name & Address of School Releasing Records:

Phone #: _____

Fax #: _____

Thank you!

Administrator or Representative

Date