



RECORDS RELEASE AUTHORIZATION

Student's First & Last Name: _____

Date of Birth: _____ Current Grade: _____

I _____ (print custodial parent's name) authorize the release of _____'s (print child's name) transcripts and all school records including academic, test scores, discipline, health, and other records to Full Armor Christian Academy.

Signature: _____ Date: _____

Please send records by mail, email, or fax:

Mail:

Full Armor Christian Academy

Attention Admission

PO Box 2035

Henderson, TX 75653

Email:

lisa.schweng@full-armor.org

Fax:

903-657-8267