

CENTRAL CHRISTIAN ACADEMY
1505 WEST STREET
SOUTHINGTON, CONNECTICUT 06489
(860) 621-6701

RELEASE OF STUDENT RECORDS

I hereby authorize _____

Street Address	Town	State	Zip Code
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to release to Central Christian Academy scholastic records and health data pertaining to

_____ who has enrolled in Grade _____

Signature of Parent

Date

OFFICE USE ONLY

Date Request Sent _____

Date Received _____

Health Records Received _____