



# First Baptist Academy

1111 E. Hwy. 50, O'Fallon, IL 62269 618-726-6040

Jackye Biehl, Administrator

## Transcript Release Form

Request for Release of Students Records

Transferring School: \_\_\_\_\_

Dated Mailed \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

The following Student(s) has/have enrolled in First Baptist Academy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a formal request for release of all information relative to this child. We would appreciate you forwarding the identified documents at the earliest convenience.**

- 1. Permanent Record Information (identifying information, grades, attendance, and health records.)**
- 2. Temporary Record Information (Ability and Achievement Test results and other pertinent information.)**
- 3. Individual Psychological Test and Special Testing information (IE, 504 etc.).**

### AUTHORIZATION TO RELEASE STUDENT RECORDS

In accordance with the "Family Educational Rights and Privacy Act" I authorize the release of confidential information on the above students (s).

**This information should be forwarded to: First Baptist Academy  
1111 E. Highway 50  
O'Fallon, IL 62269**

The above permission is granted by: Signature \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date \_\_\_\_\_

