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: Date Sent_____

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)**
2. **All Health Records**
3. **Temporary Record Information (Ability and Achievement Test results and other pertinent information.)**
4. **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
Or emailed to: info@fbaofallon.org
Or faxed to: 618-726-6050

The above permission is granted by: Signature_____
Relationship_____
Date_____