



Parent Authorization for Release of School Records

In Accordance with the Family Educational Rights and State Law, I hereby authorize the release to the school named below of all records, including grades and health records, as well as psychological, social, educational or developmental information regarding the following pupil(s):

_____ Birth date: _____ Grade: _____
_____ Birth date: _____ Grade: _____
_____ Birth date: _____ Grade: _____
_____ Birth date: _____ Grade: _____

Date: _____

Parent/Guardian Signature: _____

Last School Attended

Name: _____

Address: _____

Please send records to:

Christian Life Academy
613 West Valley Parkway, Suite 245
Escondido, CA 92025

Phone: (760) 741-1233
Fax: (760) 741-1333