



**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