

Bethel Christian Academy
21 N. Earlton Road Ext.
Havre de Grace, MD 21078
(410) 939-0174

Authorization to Release Student Records

1. Name of Student	Date of Birth		
2. Name(s) and Address(es) FROM whom records are being requested:			
3. Name(s) and Address(es) TO whom records are to be sent:			
4. Description of Records: <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Educational and Health <input type="checkbox"/> Confidential (Sensitive) <input type="checkbox"/> 504 <input type="checkbox"/> Other _____</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Special Education <input type="checkbox"/> Psychological <input type="checkbox"/> Discipline</td></tr></table>		<input type="checkbox"/> Educational and Health <input type="checkbox"/> Confidential (Sensitive) <input type="checkbox"/> 504 <input type="checkbox"/> Other _____	<input type="checkbox"/> Special Education <input type="checkbox"/> Psychological <input type="checkbox"/> Discipline
<input type="checkbox"/> Educational and Health <input type="checkbox"/> Confidential (Sensitive) <input type="checkbox"/> 504 <input type="checkbox"/> Other _____	<input type="checkbox"/> Special Education <input type="checkbox"/> Psychological <input type="checkbox"/> Discipline		
5. I authorize the release of the records indicated above. _____			
Signature of Parent/Guardian/Eligible Student (age 18 or older)	Date		
6. Authorization obtained by _____			
Signature	Date		

