



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

DATE _____
(mm/dd/yyyy)

SCHOOL

Attention: _____

Fax #: _____

PLEASE FORWARD RECORDS TO:

Fredericton Christian Academy
778 MacLaren Avenue
Fredericton, N E3A 3L7

Attention: Mr. Scott Robertson, Administrator

STUDENT INFORMATION

First name: _____

Date of birth: ____ / ____ / ____
mm/dd/yyyy

Last name: _____

Last grade completed: _____

AUTHORIZATION SIGNATURES

Parent/Guardian Signature



FCA Principal

Date

Date