



# AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date: \_\_\_\_\_  
mm/dd/yyyy

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax#: \_\_\_\_\_

## PLEASE FORWARD STUDENT 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	_____ Date
 FCA Principal	_____ Date