



**TEA Christian Academy
Transcript Consent for Release of Information Form**

Student's Name: _____ Date of Request: _____

Student's Birth Date/Year: _____ Grade: _____ Teacher _____
School Presently Attending: _____ Phone # _____

I _____ hereby authorize the release of information about my child to: _____

From: Talent Education & Art Christian Academy, Inc.,
(School's Name)

2600 East South Boulevard #180
(Address)

Montgomery,
(City)

AL
(State)

36116
(Zip Code)

(334) 517-1717
(Phone number)

(334) 612-7766
(Fax number)

teachristianacademy1@gmail.com
(E-mail)

This information is requested for the purpose of having an understanding of the student's needs, as well as tracking their progress

I authorize the release of the following information (Check all that apply)

- _____ Cumulative permanent school records transcript
- _____ Attendance discipline records
- _____ Withdrawal grades and date (Today's date) ___/___/___
- _____ Psychological reports (IEP, testing, diagnostic report)
- _____ Diagnosis and treatment plans
- _____ Medical/Health records
- _____ Others Organizations/Clubs: _____

I understand this information is confidential and will be released in accordance with the Family Educational Rights Privacy Act (FERPA). I understand that I may revoke this consent at any time by submitting written notice of the withdrawal of consent to this school.

(Signature of Parent/Legal Guardian) Date _____

This Consent for Release of Information is valid for this school year _____.