

# Release of Student Records



## STUDENT INFORMATION

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\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Current Grade

## PREVIOUS SCHOOL INFORMATION

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\_\_\_\_\_  
School Previously Attended                                      Previous School's Phone

\_\_\_\_\_  
Previous School's Mailing Address

## REQUESTED INFORMATION

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The above student has applied for admission to Fairfax Baptist Temple Academy. The information below is needed:

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Health & Immunization Records           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Birth Verification Records              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Standardized Test Scores                | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Scholastic Achievement Scores           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Academic Records (previous and current) | <input type="checkbox"/> _____ |

## ADDRESS INFORMATION

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Please send the above information to:

Fairfax Baptist Temple Academy  
Attn: Academy Office  
6401 Missionary Lane  
Fairfax Station, VA 22039

## RECORD RELEASE AUTHORIZATION

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I authorize the records listed above to be forwarded to Fairfax Baptist Temple Academy.

\_\_\_\_\_  
Parent/Guardian's Name                                      Parent/Guardian's Signature                                      Date