



# REQUEST FOR RELEASE OF STUDENT RECORDS

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I HEREBY REQUEST RELEASE OF THE FOLLOWING STUDENT RECORDS. PLEASE INCLUDE GRADES, STANDERDIZED TEST SCORES, ATTENDANCE AND MEDICAL RECORDS.

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL PREVIOUSLY ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

IF NOT ENROLLED LAST YEAR, DATE LAST ATTENDED: \_\_\_\_\_

RECORDS ARE TO BE SENT TO:

MACEDONIAN CHRISTIAN ACADEMY  
ATTENTION: SANTIAGO CURLING  
P.O. BOX 206  
ALAMO, TX 78516

PHONE: 956-464-7950  
FAX: 956-464-7950  
\*PLEASE CALL BEFORE FAXING

SIGNATURE OF PARENT: \_\_\_\_\_

PLEASE INCLUDE ANY OTHER IMPORTANT INFORMATION CONCERNING THIS STUDENT