



2575 Highway 81 South, Loganville, GA 30052 • 770-554-9888

Authorization of Release of Educational Records

Please complete the authorization below and send it to your former guidance counselor, instructional lead teacher, or principal.

Student's Last Name	First Name	Middle	Grade
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In accordance with federal regulations regarding the privacy rights of parents and students under The family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Loganville Christian Academy of all educational records about the above-named individual who is applying to LCA, including recommendations and such other information as may be requested.

Date

Signature of Parent/Legal Guardian

TO PRINCIPAL, LEAD TEACHER OR GUIDANCE COUNSELOR

The student named above has made application for admission to Loganville Christian Academy. We would appreciate your promptly sending us the following:

1. A transcript of the student's record to date, including grades for courses in progress
2. A copy of the student's complete test profile
3. All health records, including immunization, vision and hearing tests
4. If applicable, please provide a copy of all Psychological reports, Individual Educational Plan, or Special Education Placement forms
5. Please note whether or not this family has any outstanding balances owed to the school.

If this student is admitted to Loganville Christian Academy, at the termination of this school year we shall request a final transcript of the student's record. Please hold this authorization form on file so that a second form will not be necessary at that time.

Please mail or fax all information to:

Admissions
Loganville Christian Academy
2575 Highway 81S
Loganville, GA 30052
Fax #: (770) 554-9881