



First Baptist Academy

1111 E. Hwy. 50, O'Fallon, IL 62269 618-632-6223

Jackye Bizhi, Administrator

Transcript Release Form

Request for Release of Students Records

Transferring School: _____

Dated Mailed _____

School Name: _____

Address: _____

City: _____

The following Student(s) has/have enrolled in First Baptist Church O'Fallon

This is a formal request for release of all information relative to this child. We would appreciate you forwarding the identified documents at the earliest convenience.

- 1. Permanent Record Information (identifying information, grades, attendance, and health records.)**
- 2. Temporary Record Information (Ability and Achievement Test results and other pertinent information.)**
- 3. Individual Psychological Test and Special Testing information. Also information not within your school, but within you school district or special education cooperative.**

AUTHORIZATION TO RELEASE STUDENT RECORDS

In accordance with the "Family Educational Rights and Privacy Act" I authorize the release of confidential information on the above students (s).

**This information should be forwarded to: First Baptist Academy
1111 E. Highway 50
O'Fallon, IL 62269**

The above permission is granted by: Signature _____
Relationship _____
Date _____

