



LEGACY
CHRISTIAN ACADEMY

RECORDS RELEASE FORM

1101 Wesley Ave
Xenia, OH 45385
legacyknights.org
P: 937-352-1640 F: 937-352-1641

This is to request a copy of the records of _____ who has applied to Legacy Christian Academy for the admission to grade _____ for the academic year _____.

Please send a copy of the student’s records through the most recent grading period including:

- Grades and written teacher’s comments
- Achievement and aptitude test results
- Proficiency test results
- Psychological/special needs testing reports (i.e. most recent ETR, IEP, 504, Service Plan, if applicable)
- Attendance and disciplinary records
- Immunizations

Release From:

Name of School: _____
City: _____ State: _____
Fax: _____

Release To:

Legacy Christian Academy
1101 Wesley Ave
Xenia, OH 45385
P: 937-352-1640 F: 937-352-1641

This is to certify that I authorize the release of a copy of my child’s records to Legacy Christian Academy to be used as a part of the admissions process.

Printed Name: _____ Date: _____

Signature of Parent, Legal Guardian, or Self (if over 18 years of age) Phone: _____

Parents, guardians, or legal-age students may inspect the records transferred or received, and request a hearing to challenge the contents therein. Records transferred by authorization of this release will not be released to another person or out-of-district school or agency other than the one listed above without written notification to the parent, guardian, or legal-age student.