



LEGACY
CHRISTIAN ACADEMY

RECORDS RELEASE FORM

Legacy Christian Academy
legacyknights.org

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: _____

Phone: _____

Release To: Legacy Christian Academy

1101 Wesley Ave

Xenia, OH 45385

P: 937-352-1640

Preferred method is email to: plewis@legacyknights.org

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: _____

Phone: _____

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

Parents, guardians, or legal-age students may inspect the records transferred or received, and request a hearing to challenge the contents herein.

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.