

PENN CHRISTIAN ACADEMY

50 W. Germantown Pike

E. Norriton, PA. 19401

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School Records And Information Request Form

Student's Name: _____ Date of Request: _____

Student's Date of Birth: ____ / ____ / ____ Date of Enrollment: _____

Authorization For Release

This authorizes the agency, educational facility, or person identified below to furnish Penn Christian Academy with all information requested.

This authorizes Penn Christian Academy to release requested information to the agency, educational facility, or person identified below.

Signature of Parent/Guardian: _____ Date: _____

Witness (if required): _____ Date: _____

Information Requested

Please send all information that pertains to:

Educational Records

Psychiatric Records

Medical/Health Records

Social Services Records

Psychological Records

Other: Any other documentation that may assists us in determining suitability for admissions

School Official Signature: _____ Liz Bearden, Admissions Director