

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and return this form with your child's application.

Student's last name _____ first name _____ middle name _____

Birth date _____ Grade _____

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 requests the release to Jansen Christian Academy all educational records, including recommendations and other information as may be requested, regarding the above-named student who has applied for admission to Jansen Christian Academy.

Signature of Parent or Legal Guardian _____ Date _____

TO PRINCIPAL, GUIDANCE COUNSELOR, OR RECORDS OFFICE

PREVIOUS SCHOOL _____
ADDRESS _____
CITY, STATE, ZIP _____

The student named above has applied for admission to Jansen Christian Academy. Please send the following:

1. A transcript of the student's record to date.
2. A copy of the student's complete test profile.
3. Health records including immunization, vision, and hearing tests.
4. A copy of all disciplinary records.
5. A copy of all psychological reports.
6. A copy of the student's Individual Educational Plan.
7. A copy of the student's Special Education Placement forms.

Please mail information to: **Jansen Christian Academy**
P.O. Box 101
Jansen, NE 68377

If questions, please call: Jansen Christian Academy
(402) 424-2645

For office use only

Date records requested _____
Date records received _____