



NEW LIFE CHRISTIAN ACADEMY

2605 Southeast Blvd, Clinton, North Carolina 28328
(910)-592-3700 office.nlcanc@gmail.com nlcaclinton.com

Authorization for Release of Records

Student Information

First _____ Middle _____ Last _____

Date of Birth _____ Last Grade Completed: _____

Home Address _____

City _____ State _____ Zip _____

School Information

Current School _____

School Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

Date of Request ___ / ___ / ___

Request for School Records

The student listed above is being considered for enrollment at New Life Christian Academy. Please send current grades and transcripts, discipline records, and copies of any current IEPs or 504 plans. This is not a request to transfer the student. We will request additional records should we proceed with enrollment.

The student listed above is enrolling at New Life Christian Academy. Please withdraw the student from your school. We would appreciate your sending us the following information. If you have any questions, please contact our school office at (910) 592-3700 or office.nlcanc@gmail.com. Thank you in advance for your assistance with this matter.

1. Copies of report cards and/or transcripts for all grades and courses taken during the time that the student attended your school and for the current year through the most recent grading period.
2. Copies of the results of all aptitude, IQ, achievement, and other diagnostic testing taken during the years the student attended your school.
3. Copies of any plans or other records that would help us in understanding the student's educational needs.
4. Copies of the student's health record, immunization record, and birth certificate.

When completed, submit by email:

office.nlcanc@gmail.com

Or in person:

New Life Christian Academy

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