

**RECORD RELEASE FORM**

KY-TN CONFERENCE OF SEVENTH-DAY ADVENTIST

DEPARTMENT OF EDUCATION

In order to forward a transcript or other school record(s) to other schools and perspective employers, we are required to obtain your written permission prior to complying with such request.

I hereby consent to the release of a copy of all record, which would include attendance records, transcripts, test results, IEP's, health and immunization records, grades to date of withdrawal, and any other information that might assist in placement and guidance.

I understand that, pursuant to the rights contained in the Family Education Rights and Privacy Act of 1974 any information released to Appalachian Christian Academy will not be released to any other party without the written consent of the parents of the below-named student, or the student if eighteen years of age.

Please complete the information below if you desire your child's records to be released.

I hereby consent to the release of a copy of \_\_\_\_\_  
(Student's Name)

Record(s) by \_\_\_\_\_ to the following school:  
(School Name)

Name: Appalachian Christian Academy  
Address: 619 Memorial Drive  
Manchester, KY 40962

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_