

Harvest Academy Christian School  
370 Holiday Isles Blvd.  
PO Box 700  
Clewiston, FL 33440  
Phone: 863.805.0497 Fax: 863.983.4839

RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act, I authorize the release of my child's school records to Harvest Academy Christian School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

REQUEST FOR RECORDS

\_\_\_\_\_ has enrolled with us. The student was in the \_\_\_\_\_ grade at your school. Please send his/her records to our office. Our contact information is listed above.

Please include copies of:

- Birth Certificate
- Immunizations and Physicals
- Grades
- Testing/Evaluation information
- Discipline Records

Name & Address of School Releasing Records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Thank you!

\_\_\_\_\_  
Administrator or Representative

\_\_\_\_\_  
Date