



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

SCHOOL

Attention: _____
Fax #: _____

PLEASE FORWARD RECORDS TO:

Fredericton Christian Academy
778 MacLaren Avenue
Fredericton, N E3A 3L7
Attention: Mr. Scott Robertson, Administrator

DATE ____/____/____
(mm/dd/yyyy)

STUDENT INFORMATION


First name: _____
Last name: _____

Date of birth: ____/____/____
mm/dd/yyyy
Last grade completed: _____

AUTHORIZATION SIGNATURES

Parent/Guardian Signature

Date



FCA Principal

Date