



Release of Records Authorization Form

The student's parents request a transcript of all records. Please send to us at your earliest convenience, all attendance information, report cards, results of standardized testing (i.e., Virginia SOL, Stanford), disciplinary reports, and health records (including immunization records).

Student's Name

Grade entering

Name of School Last Attended

Street Address

City

State

Zip

Please release the records for the above student to Christ Chapel Academy, 13909 Smoketown Road, Woodbridge, VA 22192.

Parent/Guardian Signature

Date

*"In the same way, let your light shine before others,
that they may see your good deeds and glorify your Father in heaven." Matthew 5:16 (NIV)*

