

# HARVESTCHRISTIANACADEMY

## RECORDS RELEASE FORM



- Parents please return completed form to HCA for our request of records.
- Parents please submit this form to your current school.

Student's Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Parent Address: \_\_\_\_\_

I, parent and/or guardian of the above student, hereby authorize  
**HARVESTCHRISTIANACADEMY**, 1000 North Randall Road, Elgin, Illinois 60123  
 Phone: 847.214.3500 | Fax 847.214.3501

To obtain information from:

\_\_\_\_\_  
 Name of School School Fax #

\_\_\_\_\_  
 Address City, State, Zip Code

School records may be examined by parent(s), or learner, if of legal age. The information to be released may include the following:

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Official School records<br/>(name, address, birth date, sex, attendance record, grade level, grades, class rank, standardized group test results)</li> </ul> |   |
| <ul style="list-style-type: none"> <li>• Health Records<br/>Temporary/ permanent</li> </ul>   | <ul style="list-style-type: none"> <li>• Academic Records<br/>Temporary/ permanent</li> </ul>       |
| <ul style="list-style-type: none"> <li>• Medical Reports (Including Related Services)</li> </ul>  | <ul style="list-style-type: none"> <li>• Special Ed Records (Including Related Services)</li> </ul> |
| <ul style="list-style-type: none"> <li>• Chemical Abuse/Dependency Reports</li> </ul>   | <ul style="list-style-type: none"> <li>• Social Work Reports</li> </ul>                             |
| <ul style="list-style-type: none"> <li>• Teacher, Counselor, Staff Observations</li> </ul>  | <ul style="list-style-type: none"> <li>• Psychological Reports</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• Others (please specify):</li> </ul>  |   |

The purpose for this request is as follows: \_\_\_\_\_

I understand that this authorization takes effect immediately. It expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature (or Student, if of legal age)