

Seaside Christian Academy  
12637 A Ocean Gateway  
Ocean City, MD 21842



(410) 213-7595  
fax (410) 213-8001  
[seasidechristianacademy.com](http://seasidechristianacademy.com)

*Janel Warren Director of Enrollment*

## PERMISSION FOR RELEASE OF SCHOOL RECORDS

To: School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I hereby authorize you to release the school records listed below for my child:**

- 1. Cumulative Records**
- 2. Health Records**
- 3. Behavior/Discipline Records**
- 4. Psychological records on file**
- 5. Achievement test scores**
- 6. Any information that would aid this student in adjusting to our school**
- 7. High School Transcript if applicable**

**Please send records to: [Jwarren@Seasidechristian.com](mailto:Jwarren@Seasidechristian.com) or Fax: 410-213-8001**

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Signed \_\_\_\_\_ Date \_\_\_\_\_  
(signature of parent or guardian)

Print Name \_\_\_\_\_

Present Address \_\_\_\_\_