



WOODLAND HILLS CHRISTIAN ACADEMY

Release of Records Form

Permission is hereby granted to:

Previous School Name _____

Address _____

Student Name _____

Grade _____

The above-named student has registered at WOODLAND HILLS CHRISTIAN ACADEMY.

Please release the following information:

- Grades
- Health Records
- Results of achievement and intelligence tests
- Personality rating and other similar data
- Grades in progress at the time of leaving.
- Any other material pertinent to the growth of the student
- Any psychological testing or Child Study Team information, including the most recent:
 - Educational Evaluation
 - Psychological Assessment
 - Social worker history

Information is to be sent to the attention of WOODLAND HILLS CHRISTIAN ACADEMY

Mailing Address: 2105 East Loop 281, Longview, Texas 75605

Fax Number: 1-877-541-5710 or email: jennifer@whbchurch.com

Authorization to release pupil's records:

I have enrolled my child _____

(Name)

(Date of Birth)

in the WOODLAND HILLS CHRISTIAN ACADEMY and authorize you to release the above-named information so that we may plan a program for this student.

Signature of Parent or Guardian _____

Date _____