



# 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 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

Written information is to be sent to the attention of  
WOODLAND HILLS CHRISTIAN ACADEMY  
2105 East Loop 281  
Longview, Texas 75605

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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 \_\_\_\_\_