

RELEASE OF STUDENT RECORDS

PARENT: Complete and sign this form and then submit to your child's counselor or head of school.

SCHOOL ADMINISTRATOR: The following student has applied for admission to Covenant Academy:

Last Name	First Name	Birth Date	Current Grade	School Year/Semester
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____
_____	_____
_____	_____

I hereby give permission to release copies of the above-named student's cumulative records.

Note to School: Please send the following information:

- **Copy of all academic records, including achievement tests and diagnostic tests (if applicable)**
- **All health records including immunizations, vision and hearing**

Send to:

Covenant Academy
Director of Admissions
PO Box 290046

6/20/2011

Kerrville, TX 78029

830-777-6114

May scan and email to covenantacademyofkerrville@gmail.com

Thank you for your cooperation!