



# WESTMINSTER CHRISTIAN ACADEMY

1640 New High Shoals Road • P.O. Box 388 • Watkinsville, GA 30677-0010  
(706) 769-9372 • FAX: (706) 769-2050 • www.wcalions.org

## Authorization for Release of Student Records

**Parent or Guardian:** Please complete this form and return to Westminster.

I hereby authorize \_\_\_\_\_  
*Name of school child last attended*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

to release all academic, health, and psychological records for the student named below.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below This Line

\_\_\_\_\_ Student is being evaluated for acceptance. Please send a copy of any pertinent records including:

- report cards/transcripts
- discipline record
- teacher comments
- standardized test scores

\_\_\_\_\_ Student has been accepted. Please forward all permanent records including:

- final report card/transcript
- standardized test scores
- social security card
- birth certificate
- immunization records

If current transcript cannot be provided, please contact the Office of Admissions.  
Please forward requested information to:

Westminster Christian Academy  
Kelly Cole, Office of Admissions  
P.O. Box 388  
Watkinsville, GA 30677-0010  
Phone: (706) 769-9372  
Fax: (706) 769-2050