

**AUTHORIZATION TO RELEASE SCHOOL RECORDS**

Permission is given to : \_\_\_\_\_ to release all student cumulative school records. (name of previous school, city and state)

- All school record information on file
- Attendance Records
- Birth Certificates/Social Security Card
- Achievement Test
- Grades and class rank
- Health information
- Parent or guardian information
- Individual psychological test or special testing information

Please return school records and copy of this form to:

**Providence Classical Academy**  
**4525 Old Brownlee Road, Bossier City, Louisiana 71111**  
**office@pcabossier.org or (318)742-3379 fax**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

*Providence Classical Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, tuition assistance or employment policies, or any other programs administered by the school.*

**Thank you for your assistance in this process. Please return this form and requested materials to:**