



Cumulative Record Release

TO BE COMPLETED BY PARENTS ENROLLING STUDENT(S) WHO HAVE ATTENDED ANOTHER SCHOOL DURING THE PREVIOUS SCHOOL YEAR. (Transfer Students will be allowed to attend on a probationary time until Cumulative Records are received from the previous school attended and FCA has evaluated student and records.)

I, the undersigned PARENT/GUARDIAN, of

Student's Name

hereby give permission to the school official at

Name of Last School Attended

Street Address

City State Zip

to mail all educational, psychological, social, and medical cumulative information to:

Faith Christian Academy
2555 W. Valencia Rd.
Tucson, AZ 85746

Signature of Parent/Guardian

Street Address

City State Zip

For FCA Use Only	
1 st Attempt Date:	_____
2 nd Attempt Date:	_____
3 rd Attempt Date:	_____
4 th Attempt Date:	_____
5 th Attempt Date:	_____

Date: ____/____/____

Records Received:	
Date:	____/____/____
Staff Initials:	_____