



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 official at the school indicated below to mail or email all educational, psychological, social, and medical cumulative information to:

**Faith Christian Academy
2555 W. Valencia Rd.
Tucson, AZ 85746
admin@faithchristianacademytucson.org**

Name of Last School Attended

Street Address

City, State, ZIP

Phone Number

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Street Address

City, State, ZIP

For FCA Use Only

1st Attempt Date: _____

2nd Attempt Date: _____

3rd Attempt Date: _____

4th Attempt Date: _____

5th Attempt Date: _____

Date: ____/____/____

Records Received:

Date: ____/____/____

Staff Initials: _____