



School Records Release Form

Please send the student records of my child, _____ to Buffalo Christian Academy, via the US Postal Service to Buffalo Christian Academy, PO Box 978, Buffalo, WY 82834. Contact number is 307-620-9515.

I hereby authorize: _____

Current School

Current School's Address

Current School's City, State, Zip Code

1. To release to Buffalo Christian Academy all student records on file regarding the following:
 - a. All report cards;
 - b. All standardized test results;
 - c. All testing done to determine learning disabilities or individual education plans (IEP's) developed for the student;
 - d. All records that indicate any classroom modifications that will benefit the student; and
 - e. All records of behavioral issues, concerns, or discipline.

2. To discuss freely, with a Buffalo Christian Academy representative, my child's academic and behavioral performance.

The above information and records are necessary in determining eligibility for admission to Buffalo Christian Academy. We thank you for your time and effort in this matter.

Respectfully submitted,

Parent/Guardian Signature	Printed Name	Date

Address	City/State/Zip Code	Telephone Number