



# Christian Life Academy

## Student Record Release

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

To Releasing School Counselor:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip code

Dear Counselor:

My child/ren have applied for admission to Christian Life Academy for the \_\_\_\_\_ school year. Please release all academic, psychological, and health records to the address below. Thank you.

Christian Life Academy  
133 Junction Road  
Brookfield, CT 06804  
203-775-5191

Student's Name    Age    Grade level as  
(last name first)    of above date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Receiving Principal