

# Websterville Christian Academy

*Distinctively Different by God's Design*

---

**Chris Rossell**

Assistant Pastor/Head of School

**Cesar Trigos**

Vice Principal of Operations

## **\*Authorization to Release Records\***

Sending School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

The following student(s) has/have enrolled with our school here at Websterville Christian Academy.

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please send all records including transcripts, health, special education, test scores, and any other information that may be helpful. If necessary, please enclose an explanation of your marking system.

Please also include the student's Vermont State ID Number (if applicable)

I hereby give permission to send all records regarding my child named above to Websterville Christian Academy.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Federal Law 99.31, 1-78 = No parent signature required for educational records sent to another educational agency.