



CAPSTONE Classical Academy

PERMANENT STUDENT RECORDS REQUEST

Instructions for Parents:

After completing your child's enrollment at Capstone, please give this completed form to your child's previous school, requesting that all records from your student's permanent file be sent to Capstone:

Parent Authorization for Release of Records and Recommendations:

The undersigned parent or legal guardian is hereby authorized, and consents to the release of any and all educational records, behavioral records, health records, and any other such information from any educational institution as may be requested by the admissions office at CCA.

Student _____
Last Name First Name Middle Name Date of Birth

Parent/Guardian _____ **Phone ()** _____
Last Name First Name

Sending School _____ **City** _____

Point of Contact for Sending School _____ **Title** _____

Email Address of Sending School Contact _____

School Contact Phone _____ **Fax** _____

Signature of Parent/Guardian _____ **Date** _____

Instructions to the Secretary/Registrar/Counselor at Current School:

The above named student has enrolled in Capstone Classical Academy (CCA). Please send all educational records, behavioral records, health records, and any other permanent records to:

Capstone Classical Academy
3910 25th St. S.
Fargo, ND 58104
info@capstoneclassical.com