



5500 Wake Academy Drive  
 Raleigh, NC 27603-4197  
[www.wakechristianacademy.com](http://www.wakechristianacademy.com)

Telephone: (919) 334-0992  
[pamgriffin@wakechristianacademy.com](mailto:pamgriffin@wakechristianacademy.com)  
 Fax: (919) 779-0948

**PERMISSION FOR RELEASE OF INFORMATION**

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

Under the Privacy of Information laws, a parent or guardian of a student who is not yet 18 years of age must give written permission for release of information, including transcripts and/or report cards. A student who is at least 18 years of age must give written consent for his academic records to be released to another person or institution.

SIGNATURE OF STUDENT \_\_\_\_\_  
 (By signing, I certify that I am the above student requesting my transcript or academic records.)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_  
 (By signing, I certify that I am a parent or legal guardian of the above student.)

Send my transcripts and/or academic records to the following institution(s):

		College Application Deadline Date (required)	For Office Use Only	
			Date Rec'd	By:
			Date sent	By:
Institution	Date requested		Date Rec'd	By:
			Date sent	By:
Institution	Date requested		Date Rec'd	By:
			Date sent	By:
Institution	Date requested		Date Rec'd	By:
			Date sent	By:
Institution	Date requested			

- **PLEASE SUBMIT REQUEST TWO (2) WEEKS PRIOR TO APPLICATION DEADLINE**
- **Hard copy must be submitted to High School office**