

# Release of Records

# Grace Preparatory Academy

3300 West Interstate 20  
Arlington, Texas 76017

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Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Current Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information can be released to the individuals/institutions listed below:

- Current high school transcript
- Previous high school transcript (if applicable)
- SAT and ACT scores (if available)
- Attendance records (if requested)

Release information to the following individuals/institutions:

- All universities/colleges requesting information be sent.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This release remains valid as long as this application is on file. I understand that if I desire for Grace Preparatory to stop sending my records (without my direct consent) I must notify the school in writing. Please return this form to Regina Ahart.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Student signature required if 18 yrs old)

Please print name: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent signature if student younger than 18)

Please print name: \_\_\_\_\_

Office use only

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Date received: \_\_\_\_\_ Received by: \_\_\_\_\_