



AUTHORIZATION FOR RELEASE OF OFFICIAL EDUCATIONAL RECORDS

Parent (guardian) Please fill out this top portion and return it to Heartland.

Name of Student _____ Birth date _____

Last School Attended _____

School's Address _____

School's Phone Number _____

Contact Email Address _____

Special Education YES NO Please send special education records as soon as possible.

Signed _____ Date _____

Parent (guardian) Authorization

Please release to Heartland Christian Academy the official educational records of the above student. This should include courses, graded/ earned to date of withdrawal, identification information, attendance records, standardized test results, teacher evaluation, health records, and other information that may be helpful in planning and implementing the student in our school program.

Please send to:
Heartland Christian Academy
9914 Heartland Circle NW
Bemidji MN 56601
218-751-1751
Fax 218-333-0260
office@heartlandbemidji.org