

Please Print

Present or last school: \_\_\_\_\_  
 School Name

\_\_\_\_\_

School Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

Permission is hereby granted for a complete transcript showing all former and current grades, IQ, and Achievement Test scores, psychological evaluations (if any), health records, and other pertinent information from the student's permanent record. These are to be released to:

**Mooresville Christian Academy**  
**P.O. Box 637**  
**Mooresville, IN 46158**

Phone: (317) 831-0799  
 Fax: (317) 831-5364

Thank you for your cooperation and prompt assistance.

Student's Full Name	Grade	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Withdrawal Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child