



Berean Academy
441 Berean Lane
Hixson, TN 37343
423-877-1288

Permission to Release School Records

Please release the academic records on file for the following student(s):

Student(s)	Previous Grade(s)
_____	_____
_____	_____
_____	_____

Name and Address of School Student Previously Attended:

Berean Academy requests the following information: transcript, official administrative records, standardized test scores, teacher and counselor observations and ratings, record of extracurricular activities, and health records **including the Tennessee Immunization Record (green card)**. Please include any **psychological testing** reports that would be helpful in evaluating the placement of the student.

Date

Signature of Parent or Guardian