

Record Release

Harvest Christian Academy

(985)640-0601

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

Student Address \_\_\_\_\_  
\_\_\_\_\_

School Last Attended \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I give permission to release records from the above named student.

Parent Signature \_\_\_\_\_

Mail Records to :

Harvest Christian Academy

Records Department

37291 West Pinehill Drive

Slidell, La 70460

Initials \_\_\_\_\_