



## **SCHOOL RECORDS RELEASE AUTHORIZATION**

I hereby authorize the release and sharing of all information for:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**between**

SCHOOL OR AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

**and**

**Isaac Newton Christian Academy  
1635 Linmar Drive NE  
Cedar Rapids, IA 52402-3757**

**Phone: 319-362-9512**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date