



RELEASE OF STUDENT RECORDS

Student Information

Student's Name: _____
Current Grade: _____

Previous School Information

Name of School
Previously Attended: _____

Previous School's
Mailing Address: _____

Previous School's
Phone Number: _____

Requested Information

The above student has applied for admission to the Fairfax Baptist Temple Academy. The information below is needed.

Health & Immunization Records
Birth Verification Records
Standardized Test Scores
Scholastic Achievement Scores
Academic Records (previous and current)
Other: _____

Address Information

Please send the above information to:

Fairfax Baptist Temple Academy
Attn: Academy Office
6401 Missionary Lane
Fairfax Station, VA 22039

Record Release Authorization

I authorize the records listed above to be forwarded to Fairfax Baptist Temple Academy.

Parent/Guardian _____ / _____
Name Signature Date

Jay Bradford, Academy Administrator

6401 Missionary Lane, Fairfax Station, VA 22039-1859 • phone 703-323-8100 • fax 703-250-8660 • FBTministries.org