

# Permission for School to Release Student Records

**Note:** Please forward to previous school and request that official transcripts be mailed to The King's Academy.

**Name of Applicant:** \_\_\_\_\_

The above-named student is applying for admission to The King's Academy, Seymour, Tennessee.

In order for the application to be considered, I authorize the release of my child's records as requested by The King's Academy. Please include all cumulative academic and disciplinary records, test scores, medical, and immunization records. Please send the documents to:



Admissions Office  
The King's Academy  
202 Smothers Road  
Seymour, Tennessee, 37865-5056  
or fax to (865) 573-8323

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

\_\_\_\_\_  
Date

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