

Kerr Legacy Christian Academy
P.O. Box 290768
Kerrville, Texas 78028
830-370-1882

Date_____

STUDENT RECORD RELEASE AUTHORIZATION

Previous School

School Name_____

School Address_____

Student_____

Grade_____ Date of Birth_____

Parent's Signature_____

Please mail the following to Kerr Legacy Christian Academy:

- Permanent Records
- Immunization/Health Records
- Copy of Social Security Card
- Copy of Birth Certificate
- Test Scores and Evaluations
- Special Education Records (if any)