



# AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

## STEP 1 – APPLY

Candies Creek Academy  
294 Old Eureka Road  
Charleston, TN 37310

423-790-5660 phone | 423-476-6607 fax

[info@candiescreekacademy.com](mailto:info@candiescreekacademy.com)

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
month/day/year

As the students' parent/guardian, I authorize the school he/she last attended:

To the Attention of: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

### TO RELEASE ALL RECORDS:

- Yes or  No Education Records (Transcript and Testing Information)
- Yes or  No Medical Information (Certification of Immunization; Ear and Eye records)
- Yes or  No Attendance Records
- Yes or  No Disciplinary Records
- Yes or  No Psychological Records
- Yes or  No Other (Copy of Birth Certificate)

### TO THE SCHOOL AT WHICH THE ABOVE STUDENT HAS BEGUN THE ENROLLMENT PROCESS:

Candies Creek Academy  
294 Old Eureka Road  
Charleston, TN 37310  
423-790-5660 phone | 423-476-6607 fax  
[info@candiescreekacademy.com](mailto:info@candiescreekacademy.com)

All information will be handled in a confidential manner.

Signature or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_