



High Country Christian Academy  
Training Up Children for a Higher Calling

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

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Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Last School  
Attended \_\_\_\_\_

School  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

The undersigned hereby consents to the release to High Country Christian Academy only educational records on the above named student, which can include medical, testing, special education, psychological, and a complete copy of the cumulative folder. In addition, HCCA can request ongoing transcripts for students if still enrolled part-time in a concurrent enrollment program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

TO THE REGISTRAR:

**We would appreciate you promptly sending the following:**

- 1. A transcript of the student's record to date, including grades for courses in progress.**
- 2. Attendance record**
- 3. Most recent standardized test if administered**
- 4. All other records related to the student**

Please email the records to:

Julie Blank at [AcademyDirector@hche.org](mailto:AcademyDirector@hche.org)

You may also mail the records to:

HCCA, attn: Julie Blank, Director  
PO Box 25966  
Colorado Springs, CO 80936