



P.O. Box 25966 – Colorado Springs, CO 80936 – (719) 278-9135, ext. 4  
Email: [hcca@hche.org](mailto:hcca@hche.org)

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AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

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Student's Name \_\_\_\_\_ 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 all educational records on the above named student including 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 your prompt sending of the following:

1. A transcript of the student's record to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. All health records, including immunizations, vision and hearing tests.
4. A copy of all IEPs and/or psychological reports.
5. A copy of Special Education placement forms.

Please mail the records to: High Country Christian Academy  
P.O. Box 25966  
Colorado Springs, CO 80936-5966