



# VICTORY CHRISTIAN ACADEMY

THE CENTER FOR LUTHERAN EDUCATION



## Student Advocate – Release of Information

I, \_\_\_\_\_, am the parent/legal guardian of the student,  
Parent/Guardian Name  
\_\_\_\_\_, and do hereby authorize the sharing of  
Student Name  
information with, \_\_\_\_\_, by Victory Christian Academy,  
Advocate's Name  
including but not limited to:

Please check box to allow records/information to be shared

- Grades, progress reports, etc.
- Discipline records, including any notices sent home.
- Evaluations and assessments, including standardized test scores and psychological or social assessments.
- Special education records, including IEPs, BIPs, and minutes from special meetings.
- Pin and password for the parent/student internet information system.
- All counseling records.
- All attendance records.

This release may be revoked by me in writing.

A photocopy of this release shall have the same force and effect as the original.

This Release shall expire one year from the date of signing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Telephone

