



United Faith Christian Academy Records Release Form

(This form is required for ALL records released.)

Please allow two weeks for all requests.

- Check one: Currently enrolled UFCA student; current grade level: _____
 *Alumni of UFCA; year of graduation: _____
 *No longer enrolled at UFCA; last year attended UFCA: _____

*Please note: There is a \$5.00 fee per transcript that must be paid before the transcript will be prepared.

I authorize United Faith Christian Academy to send a copy of

_____ 's
First Middle Last

transcript, standardized test scores, and pertinent records to the school(s) listed below.

Student or Alumni Date of Birth: _____

Current Phone Number: (Home) _____ (Cell) _____

Parent or Alumni (if under 18) Signature Required

Please send records to the following (school name and full address with zip code):

Fax your completed form to 704-540-7926, Attention: Main School Office or mail to: United Faith Christian Academy Attn: Main School Office 8617 Providence Rd., Charlotte, NC 28277

Internal Use Only:

Date request received: _____

Business Office Approval: _____

Operations Office Approval: _____

Date Records Sent: _____

Notes:

- Lower School
 Middle School
 High School