



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: _____
 No longer enrolled at UFCA; last year attended UFCA: _____
 UFCA Alumni, year of graduation: _____

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

First Middle Last

I authorize United Faith Christian Academy to send a copy of the above named student's 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 or mail to: *United Faith Christian Academy, 8617 Providence Rd., Charlotte, NC 28277*

Internal Use Only:

Date request received: _____
Business Office Approval: _____

Date Records Sent: _____