



Liberty Christian Academy

3701 Candler's Mountain Rd, Lynchburg VA 24502-2272
Phone (434)832-2000 School Admissions Fax (434) 522-0451

To: (School Name) _____
(Fax#) _____
(Phone#) _____

Please release all information below for _____.
(Student Name)

- * Transcript of grades
- * Release of Standardized Testing
- * Health Records and Immunization Records
- * Psychological Evaluation
- * Educational Evaluation
- * All Category II Files
- * Social History
- * Medical Evaluation
- * Speech/Hearing Evaluation
- * IEP or 504 Plan, Eligibility meeting minutes, and Educational and Psychological Evaluation
- * Discipline
- * Permission to speak to school by phone
- * Other _____

All records should be emailed, mailed, or faxed to: **Liberty Christian Academy**
Admissions Office
100 Mountain View Rd
Lynchburg, VA 24502-2272
434-522-0451
ajsaylor@liberty.edu

Please note: This is a request for an unofficial copy of the students' records. You will receive a **FINAL request for the official records after the student is accepted to LCA.**

Thank you for your assistance.

Signature of Parent

Relationship to Student

Date