



## ***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#) \_\_\_\_\_  
(Contact Email#) \_\_\_\_\_

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**  
**3701 Candler's Mtn Rd**  
**Lynchburg, VA**  
**24502-2272**  
**434-522-0451**  
**[ajsaylor@liberty.edu](mailto: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