

FAMILY FIRST ACADEMY RECORD REQUEST

Student's Name: _____ Grade: _____

School Previously Attended:

School Name

Street Address

City, State, Zip

Phone Number

Fax Number

***PLEASE RELEASE ALL HEALTH RECORDS, STANDARDIZED TEST REPORTS,
REPORT CARDS, PSYCHIATRIC/PSYCHOLOGICAL REPORTS AND OTHER
PERTINENT INFORMATION TO FAMILY FIRST ACADEMY.***

Send To: Family First Academy

Attn: Lisa Noonan

8155 Oliver Road

Erie, PA 16509

(814) 860-9660

or fax to: (814) 866-6845 Attn: Lisa Noonan

Thank you for your prompt attention to this request.

Sincerely,



Gary Smallshaw
Director Of Admissions
Family First Academy

I grant my consent for the records of the student named above to be sent to Family First Academy.

Parent Signature

Date