



COMMUNITY ACADEMY of PHILADELPHIA

A PENNSYLVANIA CHARTER SCHOOL

1100 EAST ERIE AVENUE
PHILADELPHIA, PA 19124

VOICE: 215.533.6700 ~ FAX: 215.533.6722
WWW.COMMUNITYACADEMY.ORG

PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS TO PARENT/GUARDIAN (MUST BE COMPLETED IN FULL)

I am requesting a copy of or to view the following school record(s)* for my child
(Clearly indicate the records requested):

*Full records copy requests require a \$25.00 pre-paid administrative fee.

Child's Name: _____

Child's Date of Birth: ____/____/____ Child's Current Grade: ____

I will pick up the records myself (Photo ID required) I will view the records (Photo ID required)

Name of Parent/Guardian: _____

Address: _____

_____ ZIP _____

If records are to be faxed: Fax #: (_____) _____ - _____ *\$5.00 fee

In order to comply with regulations as set by the Family Educational Rights and Privacy Act (FERPA), I certify that the purpose for which these records are being disclosed is:

I certify that I am the parent/legal guardian of this child; I hereby authorize the release of my child's record(s) from Community Academy of Philadelphia CS to the person and institution listed above.

Signature of Parent/Legal Guardian

_____/_____/_____
Date

Please Print Name Here