



# 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-THIRD PARTY (MUST BE COMPLETED IN FULL)

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

\_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Please send these records to the following person/institution and address:

Contact Person: \_\_\_\_\_ Institution: \_\_\_\_\_

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:

\_\_\_\_\_.

Further, I have an assurance that this third party will not further disclose my child's information without my written permission.

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