



## Consent Form to Obtain Records

Date \_\_\_\_\_

I, \_\_\_\_\_ (parent/legal guardian) give  
(Please Print Name)

consent to Canyon Christian Academy to request applicable academic  
records from the last school my child \_\_\_\_\_ attended.

(Please Print Student Name)

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip code

Parent/Legal Guardian Signature: \_\_\_\_\_