

**Academy of Biblical Character Development  
850 NE 36<sup>th</sup> Terrace, Unit E  
Ocala, FL 34470  
(352)694-2223**

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dear Registrar:

The above referenced student has enrolled in the Academy of Biblical Character Development, a private school located in Ocala, Marion County, Florida. In order to assure our records are complete, please forward to the undersigned the following items:

- a) Certified copy of the student's official transcript;**
- b) Complete copies of all health and immunization records pertaining to student;**
- c) Complete copies of all the student's standardized testing scores;**
- d) A brief explanation of your grading system.**

Parental consent for this requested records transfer is provided for you below.

Thank you for your anticipated prompt attention to this matter.

Respectfully yours,

**ACADEMY OF BIBLICAL CHARACTER DEVELOPMENT, INC.**

By: \_\_\_\_\_  
Registrar

**PARENTAL CONSENT SIGNATURE FOR RELEASE OF RECORDS:**

\_\_\_\_\_  
Signature of Parent