



First Coast Christian School

7587 Blanding Blvd. ♦ Jacksonville, FL 32244
(904) 777-3040 ♦ Fax (904) 777-3045
Ministry of First Coast Baptist Church
www.fccsjax.org

Student Records Request

Authorization for Release of Information

Date: _____

School Currently Holding Records: _____

Full Student Name (Printed): _____

Student Address: _____
Street _____ City _____ State _____ Zip _____

Grade of Student on Date of Request: _____

I, the parent/guardian of _____, request that all applicable records, including testing results, educational recommendations, discipline records, medical records, grades, transcripts and other important information be sent to the following:

First Coast Christian School
7587 Blanding Blvd.
Jacksonville, FL 32244
FAX (904) 777-3045

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____