MOUNT PLEASANT
BAPTIST CHURCH
God's World, Our Mission Field

Mt. Pleasant Christian Academy
2516 Squirrel Hill Road
Herndon, VA 20171
703-793-1196

REQUEST FOR RELEASE OF INFORMATION

Name of School: _____

Address: _____

Telephone: _____

I hereby give permission to release any academic, medical, and confidential records on my child to the person/school listed below.

Name of Child _____
First Middle Last

Date of Birth _____
Month Date Year

TO BE RELEASED TO:

Mrs. Margaret Aghayere
Mt. Pleasant Baptist Church
Christian Academy
2516 Squirrel Hill Road
Herndon, Virginia 20171
(703) 793-1196 phone
(703) 793-1197 fax

_____
Signature of Parent of Legal Guardian

_____
Date