

Giant Campus Academy

Student Data Release Form



From:			
Student's Name	Age	Date of birth	
Permanent Street Address			Phone
City	State	Zip	

Return this form via link below or fax to:
866-436-0244

The following individuals/organizations are authorized to receive information regarding the student's school and educational data from Giant Campus Academy:

Person(s) Authorized to Receive Your Information					
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship to Student			Relationship to Student		

Person(s) Authorized to Receive Your Information					
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship to Student			Relationship to Student		

Student Signature
Date

Guardian Signature (May sign for student if student is a dependent)
Date