

## Authorization for Release of Records

(please use this form if you are the CAWNY student and over 18)

I, \_\_\_\_\_,  
(print your name clearly, please)

with a date of birth of \_\_\_\_\_,

a graduation year of \_\_\_\_\_,

(and maiden name of \_\_\_\_\_, if applicable),

hereby authorize Christian Academy of Western New York to release copies of my High School Transcript to:

- me, at the following address:

\_\_\_\_\_  
\_\_\_\_\_

- the following institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**Once complete, please mail to:**

Mrs. Cynthia Lichtenberger, School Administrator  
Christian Academy of Western New York  
789 Gilmore Avenue  
North Tonawanda, NY 14120

**Or scan and e-mail to us at:**

MainOffice@roadrunner.com