

**ACADEMIC RECORDS RELEASE FORM**

BUXMONT CHRISTIAN EDUCATIONAL INSTITUTE, INC.

146 WEST BROAD STREET  
TELFORD, PENNSYLVANIA 18969-1917  
PHONE # (215) 723-7226

Dear School Guidance Office:

The student whose name and address appears below has enrolled in our state recognized diploma program for home educators and we are writing to request that an official copy of his/her academic records be sent to my attention at the address above.

Your prompt attention to this matter would be greatly appreciated.

For the Master and Mankind,

Terry L. Johns  
Director/Administrator, BCEI, Inc.

TODAY'S DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT'S PHONE NUMBER: \_\_\_\_\_

My signature below verifies that I am the legal parent or guardian of the student whose name appears above and I give my permission for the academic school records of my child to be sent to Mr. Johns at Buxmont Christian Educational Institute, Inc.

\_\_\_\_\_  
Parent's Signature/Date