



## Authorization for Release of Records

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

I, \_\_\_\_\_

Date: \_\_\_\_\_

Print your name clearly

Date of birth: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Maiden name of: \_\_\_\_\_, if applicable

hereby, authorize Christian Academy of Western New York, to releases copies of my High School Transcripts to:

me, at the following address:

the following institution:

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

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

phone number: \_\_\_\_\_

email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Once completed, please mail to:**

Christian Academy of Western New York  
789 Gilmore Avenue  
North Tonawanda, NY 14120

Or email to: [mainoffice@cawny.com](mailto:mainoffice@cawny.com)