



SACRAMENTO ADVENTIST ACADEMY

Authorization to Release Information

School Year 20_____ - 20_____

Students Applying for Aid:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I/We _____ (parent/guardian) authorize Sacramento Adventist Academy to release payment history and grades to _____ (church name). I understand that payment history and grades may affect eligibility for church aid according to the church's policy for financial aid. I understand that my authorization will remain effective from the date of my signature until the end of the current school year, and that the information will be handled confidentially. I understand that I may revoke the authorization at any time by written, dated communication to Sacramento Adventist Academy Office. I have read and understand the nature of this release.

Signature of Parent/Guardian

Date