



CFK ACADEMY

5901 College Road | Key West, FL 33040 | 305.292.2400

<https://www.cfk.edu/cfkacademy/>

Transfer Verification / Records Release Authorization

For parent/guardian to complete:

Student name: _____

Grade level: _____

Parent/Guardian name: _____

Parent/Guardian phone number: _____

Student's last day at CFK Academy: _____

Student is transferring: in state
 out of state

I authorize CFK Academy to issue all confidential permanent records regarding the above referenced student who will be transferring to the following school:

New school name: _____

New school address: _____

(City)

(State)

(Zip)

New school's phone number and fax number:

(Telephone number)

(Fax number)

Student's new address: _____

(City)

(State)

(Zip)

Parent/Guardian's contact number: _____

Authorization granted by: _____

Parent/Guardian signature

Date