

RELEASE OF RECORDS REQUEST FORM

Name of Student: _____ Birth Date: _____
First Middle Last

Application for the above named student has been received by us to enter the _____ Grade at Grand View Christian School.

Please forward information checked below:

- _____ Cumulative record information
- _____ Health record
- _____ Immunization health card
- _____ General materials for special education placement to include most recent psychological test, speech and language test, etc.
- _____ Other (please specify)

Previous school: _____

Address: _____
Street City State Zip Code

Principal: _____

I hereby authorize the above checked records to be forwarded to the Principal named below.

Date: _____ Date: _____

► _____
Signature of Parent

► _____
Signature of requesting Principal



Grand View Christian School

