



## Request for Records

In compliance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Fellowship Christian School of all educational, social and/or psychological information for the student named below. All information received is considered confidential.

**Authorization and Permission to Release Medical, Educational,  
Disciplinary, and/or Psychological Information  
TO PARENTS: PLEASE COMPLETE AND SUBMIT TO THE APPLICANT'S SCHOOL(S).**

First, Middle, Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_ Phone of School: \_\_\_\_\_

### TO PRINCIPAL OR GUIDANCE COUNSELOR:

Thank you for providing **all** of the following documents:

- Transcript for all grades including most recent
- All standardized test results including most recent
- Any special testing results or placement in special programs
- Certificate of Immunization Form 3231 and Ear, Eye & Dental Screening Form 3300
- All disciplinary records or official statement of disciplinary action

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_