

## RECORDS RELEASE

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to:

Name of Previous School: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

To release a copy of the student permanent record for:

Name of student/s: \_\_\_\_\_

\_\_\_\_\_

Grade/s \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Please include all health records.*

Send to: ELYRIA CHRISTIAN SCHOOL  
1644 COMANCHE ROAD  
MCPHERSON, KS 67460  
620-241-2994  
FAX 620-241-1238

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip