

# RECORDS RELEASE

## Parental Permission for Release of School Records for Students Transferring to Elyria Christian School

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 send the following records:*

- |  |   |
|--|---|
| <input type="checkbox"/> Cumulative Record         | <input type="checkbox"/> Withdrawal Grades          |
| <input type="checkbox"/> Immunization Records      | <input type="checkbox"/> Athletic Eligibility       |
| <input type="checkbox"/> Transcripts of Grades     | <input type="checkbox"/> Special Education Records  |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Psychological Test Results |

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

\_\_\_\_\_  
Date

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