



AUTHORIZATION FOR RELEASE OF RECORDS

PROVIDE THIS FORM TO YOUR CURRENT/PREVIOUS SCHOOL



Report Cards



Standardized Test Data



Transcript



Attendance



Discipline



Psychological Evaluation (if applicable)



Immunizations



Special Education 504/IEP

AUTHORIZATION

I, _____ (parent/guardian) authorize:

CURRENT/PREVIOUS SCHOOL:

Address _____

Phone: _____ Fax: _____

To release all records, including academic, disciplinary, special education, IEP and 504 records (if applicable) of:

Student's Full Name: _____ DOB: _____

Parent/Guardian Signature

Date

Please mail or email the requested student records to:

Cherokee Christian Schools

Email: admissions@cherokeechristian.org