



RELEASE OF STUDENT RECORDS

I (parent/guardian), _____, hereby give permission to have the permanent and temporary records released to:

Student's Name: _____.

Check all that apply:

<input type="checkbox"/>	Family Background Information	<input type="checkbox"/>	Intelligence Test Score, Group/Individual
<input type="checkbox"/>	Aptitude Test Scores	<input type="checkbox"/>	Elementary & Secondary Achievement
<input type="checkbox"/>	Copy of the Health Record	<input type="checkbox"/>	Level Test Results

LAST SCHOOL ATTENDED:

Principals Name

Name of School

Street

City

State

Zip

FORWARD TO:

Families of Faith Christian Academy
Attn: Administrator
25124-A S. Fryer Street Channahon, IL 60410
PHONE: 1-815-521-1381 FAX: 1-815-467-4476

I understand and have been informed that I have a right to review all records on my child and am entitled to a copy of the records to be forwarded to the receiving party prior to their release. I have also been informed that I have a right to a hearing to contest any information obtained in my child's record prior to its release.

Date of Release

Signature of Parent/Guardian