

# Student Record Release

(not required for pre-school students)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Address of Last School \_\_\_\_\_

Phone Number of School \_\_\_\_\_

**Please release the following information:**

\_\_\_\_\_ All health records, including psychological test results

\_\_\_\_\_ All academic records

\_\_\_\_\_ Other information which may be helpful in planning the student's school program

**Please send or fax to the following address:**

**Lake Region Christian School**

**7398 Fairview Road**

**Baxter, MN 56425**

**Fax (218) 828-1643**

**I, the undersigned, give permission for the release of the information as designated above.**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Sent** \_\_\_\_\_

**Received** \_\_\_\_\_