



RELEASE OF STUDENT RECORDS

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

Student's Name: _____.

Check all that apply:

<input type="checkbox"/>	Official Transcripts	<input type="checkbox"/>	Achievement Test Scores
<input type="checkbox"/>	Report Cards	<input type="checkbox"/>	Cumulative Records
<input type="checkbox"/>	Health & Immunization Records	<input type="checkbox"/>	Other:
<input type="checkbox"/>	IEP/ Accommodations	<input type="checkbox"/>	

LAST SCHOOL ATTENDED:

Principals Name

Name of School

Phone Number

Fax Number

Street

City

State

Zip

FORWARD TO:

Lincoln- Way Christian Academy- Manhattan
 22811 S. Cedar Rd, Manhattan, IL 60442
 Email: www.grace-lincolnway.org
 PHONE: 1-708-740-4093 FAX: 1-815-390-1122

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

Note: It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register, June 17, 1976, Part II H.E.W. Privacy Right to Parents and Students. Vol.41, No. 118-24673.