

AUTHORIZATION OF RELEASE OF STUDENT RECORDS

_____ (student name)
is enrolling at Freedom Christian School. I hereby give permission to

Last School Attended

Address of Last School Attended

Phone Number of Last School Attended

to please forward his/her records immediately to Freedom Christian School, 7736
Sunset Ave., Fair Oaks, CA 95628 (Phone: 916-962-3247).

Signature of Parent/Legal Guardian): _____

Date: _____

Date Request Sent: _____ Staff Initials: _____

Pursuant to E. C. 10939 any school district requesting transfer of a pupil's record for purposes of enrollment shall notify the parent of his/her right to receive a copy of the record and to challenge the consent of the record.

Date of first request: _____

Date of second request: _____

Date of third request: _____