



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

LAST SCHOOL ATTENDED:

_____ Name of School

_____ Phone Number _____ Fax Number

_____ Street _____ City _____ State _____ Zip

FORWARD TO:

Families of Faith Christian Academy
 Attn: Administrator
 PO Box 277, Channahon, IL 60410
 PHONE: 815.521.1381 FAX: 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

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.