



RECORDS REQUEST FORM

Previous school name: _____

Address: _____

Phone: _____ Fax: _____

The following student(s) have applied to enroll in Forest City Adventist School. Please submit all school records for the students(s) listed below:

Student Name _____

Student Name _____

Student Name _____

I, _____ parent/legal guardian of the above named student(s), give my permission for the release of confidential records and documents, including any and all reports of psycho-educational testing, medical examinations, and Health & Immunization records.

Parent Signature: _____ Date: _____

**NOTE: Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act. Final rule on Educational Records. Federal Register, June 1, 1976, Vol 41, sec99.31, No. 118, page 24673.)*