

# Evangelical Christian School Records Release Form

\*First Name: \_\_\_\_\_

\*Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

For the above named student, I hereby request and authorize the release of academic records, test scores, teacher/staff recommendations, psycho-educational documents, any records of disciplinary incidents or actions, and any other data related to my child's performance to Evangelical Christian School for the purposes of evaluating my child's application for admission and, if admission is granted, of scheduling my child in proper classes. The aforementioned information may be released from this date forward until the completion of the admission process, and will not become part of my child's permanent record.

Please remit my child's records to Evangelical Christian School by sending to [admissions@ecseagles.com](mailto:admissions@ecseagles.com) or PO Box 1030 Cordova, TN 38088.

Parent Signature: \_\_\_\_\_

In accordance with 2010 Tennessee Code 47-10-101 etseq., this signature is legally binding.