



FELLOWSHIP
CHRISTIAN SCHOOL
COLOSSIANS 1:9-12

Request for Records

In compliance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consents to the release to Fellowship Christian School of all educational, social and/or psychological information for the student named below. All information received is considered confidential.

Authorization and Permission to Release Medical, Educational,
Disciplinary, and/or Psychological Information
To Parents: PLEASE COMPLETE AND SUBMIT TO THE APPLICANT'S SCHOOL(S).

Grade: _____ School: _____

Address of School: _____

Phone of School: _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

Thank you for providing **all** of the following documents:

- Transcript for all grades including most recent
- All standardized test results including most recent
- Any special testing results or placement in special programs
- Certificate of Immunization GA Form 3321
- All disciplinary records or official statement of disciplinary action

Parent Signature: _____ Date: _____