# AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

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TO PARENT or GUARDIAN
Please complete the authorization below and send this form to the guidance counselor or principal at your child's present school. (Please print)

| Student's Last Name | First | Middle | Current Grade |
|---|---|---|---|

Name of School and Address

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, I hereby consent to the release of all educational records of the above-named individual to Christian Heritage School, including recommendations and other information that may be requested.

Date _____ Signature of Parent/Legal Guardian _____

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TO: GUIDANCE COUNSELOR, PRINCIPAL, AND PHYSICIAN
The student named above has made an application for admission to Christian Heritage School. We would appreciate your prompt attention in sending the following records:

1. A transcript of the student's permanent record to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. All health records, including immunization form, eye, ear and dental form; birth certificate; etc
4. Copies of all psychological reports.
5. Copies of Individual Educational Plan.
6. Copies of Special Education Placement forms.
7. Copies of all discipline reports or statements that the student has no discipline record.
8. Copies of Attendance Records.

If this student is admitted to Christian Heritage School we will request a final transcript of the student's records at the end of this school year. Please hold this authorization form on file so that a second form will not be necessary at that time.

**Please send information to: Christian Heritage School, Admissions Office, PO Box 2066, Dalton, Ga 30722-2066**
**Fax: 706-277-2300**
**Email: lbaker@chslions.com**