# 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:

| | | | |
|---|---|---|---|
| X | Official Transcripts | X | Achievement Test Scores |
| X | Report Cards | X | Cummulative Records |
| X | Health & Immunization Records | X | Other: |
| X | IEP/ Accommodations | | |

**LAST SCHOOL ATTENDED**:

_____ _____

Principals Name 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: 1-815-521-1381 FAX: 1-815-467-4476

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.**