

STUDENT RECORD RELEASE

Former school name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Parental permission is no longer required when records are requested by authorized school personnel (family educational rights and privacy act, final rule on educational records, federal register, June 17, 1976 vol. 41, no. 118, page 24673.)

Request for records

Please send a copy of the following student/s transcripts records including:

- | | |
|-----------------------|---------------------------------|
| 1. Grades | 4. Health records |
| 2. Credits received | 5. Standardized testing results |
| 3. Your grading scale | 6. Department records |

Comments: _____

Student's Full Name: _____

Date of Birth: _____ Age: _____ Entering grade: _____

Student's Full Name: _____

Date of Birth: _____ Age: _____ Entering grade: _____

Send to: 91st Psalm Christian School
2020 East Baseline Road
Phoenix, Arizona 85042
602-243-1900

Receiving registrar: _____