

# **REQUEST FOR RECORDS**

**Previous School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**I hereby authorize the release of the following records:**

**Identifying information**

**Attendance records**

**Academic transcripts**

**Health records**

**Achievement tests**

**Interest inventory results**

**Psychological and personality test scores**

**Student's Name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Grade:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Please send to:**

**Calvary Christian School  
10611 W. Clearwater Ave.  
Kennewick, Washington 99336**

**Parent/Guardian's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_