RELEASE OF RECORDS FORM

Permission is hereby granted to:
Previous School Name _____

Address _____

_____

Student Name _____ Grade _____

The above named student has registered at (name of school): Kingsway Christian Academy

Please release the following information:

- Grades
- Health records
- Results of achievement and intelligence tests
- Personality rating and other similar data
- Grades in progress at time of leaving
- Any other material pertinent to the growth of the student
- Any psychological testing or Child Study Team information, including the most recent:
  - Educational Evaluation
  - Psychological Assessment
  - Social worker history

Written information is to be sent to the attention of:

(School) Kingsway Christian Academy

Address: 273 Green Barn Road

City, State, Zip Hudson Falls, NY 12839

Authorization to release pupil's records:

I have enrolled my child _____ _____
Name Date of birth

in the Kingsway Christian Academy and authorize you to release the
(New School)

above named information so that we may plan a program for this student.

Signature of Parent of Guardian _____ Date _____