

TEMPLE CHRISTIAN SCHOOL

982 BROWER ROAD LIMA, OHIO 45801 PHONE: 419-227-1644 FAX: 419-227-6635

RELEASE OF RECORDS

DATE: _____

TO: _____

STUDENT RECORDS FOR: _____

STUDENT'S NAME

DATE OF BIRTH

The student listed above is **requesting enrollment** at our school in the _____ grade. They are not accepted or enrolled at Temple at this time. We will inform you if they enroll at Temple.

Please forward a complete transcript of his/her grades, credits earned, all standardized test scores (including any Proficiency Test results), health records, Individualized Education Program information and any psychological test results. It would be appreciated if you would include grades to actual date of withdrawal as well as an interpretation of your grading system if necessary.

Your prompt attention is greatly appreciated.

Sincerely,

Bruce Bowman
Superintendent

***PARENTAL PERMISSION FOR THE RELEASE OF RECORDS:**

I hereby authorize the release of the above indicated records for the above named student to **Temple Christian School.**

Date

Parent/Guardian Signature

_____ Withdraw

_____ Do Not Withdraw