



GREEN PASTURES CHRISTIAN SCHOOL

Authorization of Release of Educational Records

Parents/Guardian:

Please consent to authorization by signing below and sending this to the guidance counselor or principal at the student's current school.

Student's Name: First Middle Last Grade

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Education and Privacy Act of 1974, the undersigned hereby consents to the release of all student's educational records for the above named student, including recommendations and such other information as may be requested, to Green Pastures Christian School. **Please forward all records to the record's department address printed below.**

Signature of Parent/Guardian

Date

Principal or Guidance Counselor

The student named above has made application for admission to Green Pastures Christian School. We would appreciate your prompt response in sending the following:

1. A copy of the student's complete test profile.
2. A transcript of student's records-to-date, including grades for courses in progress.
3. All health records, including immunization, vision and hearing tests.
4. Special Education Records (if any).
5. Attach: Recommendations
 - Behavior
 - Attendance
 - Parents Involvement

Name of School

Street Address

City

State

Zip Code

Telephone No. (____) _____ - _____