



Student Record Release Form

<i>Student Name:</i>	
<i>Student Date of Birth:</i>	
<i>Grade entering in fall:</i> <i>Circle one</i>	K 1 2 3 4 5 6 7 8

<i>Name/Address of Previous School Attended:</i>
<i>School Phone:</i>
<i>School Fax:</i>

I hereby authorize the release of all student records (official transcripts, cumulative records, health records, confidential records, IEP, 504, and any other guidance information) to:

Valley Christian School
Attn: Records
1350 Discovery Street
San Marcos, CA 92078
P 760.744.0207 - F 760.744.6231

Parent/Guardian Signature _____ Date _____

<i>Office Use Only:</i>
Date sent: _____ Date Received: _____ Rec'd by _____