RELEASE OF STUDENT RECORDS

I (parent/guardian), _____, hereby give permission to have the permanent and temporary records released for:

Student's Name:_____

Check all that apply:

X	Official Transcripts	X	Achievement Test Scores
X	Report Cards	X	Cumulative Records
X	Health & Immunization Records	X	Other:
X	IEP/Accommodations		

LAST SCHOOL ATTENDED:

_____ _____

Principal's Name Name of School

_____ _____

Phone Number Fax Number

_____

Street Address City State Zip

FORWARD TO:
Liberty Christian School
301 W. Normantown Rd., Romeoville, IL 60446
Email: tdavis@lcsknights.com
Phone: 815-290-9970

I understand and have been informed that I have a right to review all records on my child and am entitled to a copy of the records to be forwarded to the receiving party prior to their release. I have also been informed that I have a right to a hearing to contest any information obtained in my child's record prior to its release.

_____ _____

Date of Release Signature of Parent/Guardian

Note: It is not necessary for parents to sign a release when records are being passed from school to school. See Federal Register, June 17, 1976, Part IIH.E.W. Privacy Right to Parents and Students. Vol. 41, No. 118-24673.