

Authorization to Release Records

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby authorize

Name of School Withdrawing From

Address of School Withdrawing From

to release all records regarding the following pupil(s), including academic testing results, health records, and psychological, social, education or developmental information to Heritage Christian Preschool.

Name of Pupil(s)

Birth Date

Signature of Guardian: _____ Date: _____

For School Use Only:

Date Request Sent: _____

Date Records Received: _____

Sent By: _____