

# PERMISSION FOR RELEASE OF RECORDS

Shades Mountain Christian School  
2290 Old Tyler Road ~ Hoover, AL 35226  
(205) 978-6001 ~ Fax (205) 978-9120

\_\_\_\_\_ (child's name) has enrolled in Shades Mountain Christian School in grade \_\_\_\_\_. Please send the following information about this student to the address above. Thank you for your prompt attention to this request.

- Transcript of all grades with grade scale (alpha and numeric)
- Grades and attendance at time of withdrawal
- Certificates of immunizations
- All test scores (IQ, achievement, aptitude, ACT, SAT, etc.)
- Confidential records (e.g. special education records – if applicable)

Name of Previous School

Address of Previous School

I hereby give permission for \_\_\_\_\_ (previous school) to release my child's records to Shades Mountain Christian School.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Sent to Records Office on _____ by _____	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Test Scores
Mailed to previous school on _____	<input type="checkbox"/> Grades/Attendance at w/d	<input type="checkbox"/> _____
Received above requested records on _____	<input type="checkbox"/> Immunization Form	<input type="checkbox"/> _____