



Atlantic Shores

Christian School

STUDENT RECORD RELEASE

Parent/Guardian: Please complete the following information so that we may send for your child's school records. Return this form with the application to the office at Atlantic Shores Christian School.

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Current Grade: _____

Address: _____ Phone: _____
Street City, State, Zip Code

Current/Previous School: _____ Phone: _____

Address: _____
Street City, State, Zip Code

AUTHORIZATION STATEMENT AND SIGNATURE OF PARENT OR GUARDIAN

The Federal Register, Volume 41, No. 118, Section 99.31, June 17, 1976 states: PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SYSTEM IN WHICH THE STUDENT SEEKS ADMISSION OR INTENDS TO ENROLL.

You are hereby authorized to furnish Atlantic Shores Christian School with my son/daughter's school record.

Signature of Parent or Guardian

Date

SCHOOL REQUEST

Guidance/Admissions Office:

PLEASE RELEASE OFFICIAL COPIES OF THE FOLLOWING INFORMATION FOR THE STUDENT LISTED ABOVE:

- Scholastic Records (include current year's grades)
- Standardized test records
- Discipline records
- Health/Immunization records
- Written comments and evaluations including IEP's by teachers, guidance counselors, and psychologists

Please return completed information to: Atlantic Shores Christian School
Attn: Student Records
1861 Kempsville Road
Virginia Beach, VA 23464

1st request: _____ 2nd request: _____ 3rd request: _____