



# 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: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 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's/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 by teachers, guidance counselors, and psychologists

Please return completed information to the correct location:

Atlantic Shores Christian School  
Attn: Student Records  
1861 Kempsville Rd.  
Virginia Beach, VA 23464  
Phone: (757) 479-1125 Fax: (757) 479-8742  
www.shoreschristian.org

Atlantic Shores Christian School  
Attn: Student Records  
1217 N. Centerville Turnpike  
Chesapeake, VA 23320  
Phone: (757) 479-9598 Fax: (757) 479-5311  
www.shoreschristian.org

1 <sup>st</sup> request: _____
2 <sup>nd</sup> request: _____
3 <sup>rd</sup> request: _____
8-1-18 Revised