

East Dayton Christian School 999 Spinning Rd. Dayton, OH 45431 P. 937-252-5400; F. 937-258-4099

RECORDS RELEASE FORM

Request for Release or Transfer of School, Health, and Psychological Records Parents, please *complete your student's current school address completely*. Without a complete address, records cannot be requested. Without records, enrollment is considered incomplete.

Name of Student:		SSID#:	
Date of Birth:	Grade:		
School last attended: _			
Address:			
Date	Legibly Printed Name	Phone	
Signature of parent or	legal guardian		
Please release or transf	fer the above named student's recor	ds to the address below:	
	East Dayton Christian Schoo 999 Spinning Rd. Dayton OH 45431	ol	
	OR		
Name of school/doctor:	:		
Address:			
City:	State:	Zip:	

Parents/guardians may inspect the records transferred or received. Records transferred by authorization of this release will NOT be released to another person, out-of-district school, or agency other than the one listed above without written notification to the parent or guardian.