



VILLAGE CHRISTIAN SCHOOL PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

SCHOOL TRANSFERRING FROM: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

In accordance with the family education rights and privacy act of 1947 and California state law, I hereby authorize the release to the below named school all school records including grades, health records, and any other developmental information on the below named pupil:

NAME OF STUDENT: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE SEND THE ABOVE REQUESTED RECORDS TO:

VILLAGE CHRISTIAN SCHOOL
ATTN: ADMISSIONS
8930 VILLAGE AVE
SUN VALLEY, CA 91352

FAX: (818) 768-2006

EMAIL: ADMISSIONS@VILLAGECHRISTIAN.ORG

College-bound from Kindergarten ♦ Christ-centered for Life

8930 Village Ave, Sun Valley, CA 91352 ♦ 818-767-8382/FAX 818-768-2006 ♦ www.villagechristian.org