



# Transfer of Records Request

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308-632-2230

Email: [office@ccsneb.com](mailto:office@ccsneb.com)

[www.ccsneb.com](http://www.ccsneb.com)

Student's Full Name:	Date of Birth:
Today's Date:	Current Grade:
School District Student Resides In:	
School District Student Currently Attends:	
Current School Telephone:	
The above-mentioned school has my permission to release the grades, test ratings, health record including latest physical exam and immunization and other related information on the above-named student to Community Christian School.	
Records requested are: Birth Certificate Copy Health Record including latest physical exam Immunization Record Attendance Student's fully completed Transcript Standardized Test results Multi-Disciplinary Team Reports Psychological testing results Speech/Language/Hearing results Occupational Therapy Physical Therapy IEP (Individualized Education Plan) Section 504 Records and Plans Disciplinary Records Outside Agency Reports	

*I authorize Community Christian School to contact current and prior school officials in regard to my child's academic success and social conduct, including but not limited to all regular and special education staff.*

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Records are Requested by legal Parent/Guardian:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to student \_\_\_\_\_