

Student Record Release

(not required for pre-school students)

Name of Student _____ Date of Birth _____

Last School Attended _____ Grade _____

Address of Last School _____

Phone Number of School _____

Please release the following information:

_____ All health records, including psychological test results

_____ All academic records

_____ Other information which may be helpful in planning the student's school program

Please send or fax to the following address:

Lake Region Christian School

7398 Fairview Road

Baxter, MN 56425

Fax (218) 828-1643

I, the undersigned, give permission for the release of the information as designated above.

_____ **Date** _____

Sent _____

Received _____