



REQUEST FOR RELEASE OF RECORDS

To:

Name of Current School

Address

City, State, Zip Code

PLEASE SEND RECORDS TO:

**Calvary Schools of Holland
Attn: Heather
518 Plasman Ave
Holland, MI 49423
Phone: 616-396-4494
Fax: 616-396-0326**

Re:

Student's Name

Birthdate

Address

Grade

City, State, Zip Code

RECORDS TO BE RELEASED

- CA-60/Cumulative Record, including grade reports, attendance, discipline, special education information and evaluation reports/IEP, etc.
- Medical Reports, birth certificate, immunization records, and health appraisals
- Test Information, MEAP results, ACT results, SAT results, etc.

I give permission for _____ cumulative
Student's Name
files/school records to be released to Calvary Schools of Holland where
he/she is enrolled.

Signature of Parent/Guardian

Date