

# STUDENT RECORD RELEASE

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_ has applied for admission to Upper Room Christian School, requesting placement in our \_\_\_\_\_ grade for the \_\_\_\_\_ school year.

**In order to assist us in ascertaining academic needs and proper placement for this student, please forward copies of the student's:**

1. Health, Academic and Psychological records
2. District testing results and recommendations (i.e., IEP; 504 Plan)
3. Any records / test results that are relevant

**In addition, please indicate whether this student:**

1. Has been recommended for retention in his or her present grade \_\_\_\_\_
2. Is being recommended for district evaluation \_\_\_\_\_
3. Experiences emotional problems \_\_\_\_\_
4. Is disruptive in the classroom \_\_\_\_\_

**Thank you for your cooperation and assistance.**

*"I hereby authorize the release of my child's academic and medical records to Upper Room Christian School."*

\_\_\_\_\_  
Signature of Parent or Guardian

*Gregory P. Eck*

\_\_\_\_\_  
Pastor Gregory P. Eck, U.R.C.S. Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of current school Principal  
or Guidance Counselor