



# Fourth Baptist Christian School

## AUTHORITY TO RELEASE SCHOOL AND/OR EDUCATIONAL RECORDS

TO: \_\_\_\_\_ RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SS#: \_\_\_\_\_

YOU ARE AUTHORIZED to release Fourth Baptist Christian School, 900 Forestview Lane N, Plymouth, MN 55441-5934, all information from the school/education and disciplinary records maintained while my child was a student at the above educational facility. I give my permission for the above educational facility to speak with the Administrator of Fourth Baptist Christian School about my child's educational/behavioral history.

I specifically request copies of the following documents to be provided to Fourth Baptist Christian School:

_____ Grades/Transcripts	_____ Grade Standard Test Results (Minnesota)
_____ PSAT/SAT/ACT Tests Taken	_____ Achievement Test Scores
_____ Special Education Reports	_____ Discipline Records
_____ Psychological Evaluations	_____ Immunization Records/Physicals
_____ Other, specify: _____	

The information is needed for consideration of my child's admission into Fourth Baptist Christian School.

I understand that I may revoke this consent at any time and that this consent will continue in force for one year from the date of my signature, or, until specifically revoked by me in writing. I do not authorize further release to any third party.

A photocopy of this authorization shall have the same legal effect as the original signed copy.

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Parent/Guardian