



RECORDS RELEASE FORM

I authorize: _____

Former School Name

Address

City, State, Zip Code

to release information and/or cumulative records including medical records and all Special Education evaluations or documentation of:

Student's Name

Birth date

Grade

Please mail/FAX these records to:

Faith Community Christian School
9614 W. Fisk Road
Belding, Michigan 48809
FAX: 616/794-2469 Phone: 616/794-3451

Parent or Guardian's Signature _____

Date: _____

Thank you,

Kim Borgeson
Administrator