

REQUEST FOR RELEASE OF STUDENT RECORDS

School Last Attended: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

The student(s) listed below has/have enrolled in Quad Cities Christian School.

<u>Student's Name</u>	<u>Birthdate</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mail the following information to QCCS, 4000 11th St, Moline, IL 61265

1. Transcripts ***
2. Withdrawal grades (if student left during a grading period) ***
3. Copy of grading scale ***
4. Test Data
5. Health records including immunization
6. Birth certificate (not hospital copy) – Original or certified copy of state issued birth certificate or current, valid passport
7. Special education records including IEP, psychological, transition file

Please fax to (309) 762-8150 those items marked ***.

1. Transcripts
2. Withdrawal grades
3. Copy of grading scale

I hereby authorize the release of records for the above named student(s) to QCCS.

Parent/Guardian Signature

Student Signature (if over 16)