

# Release/Transfer of Confidential Records

This form is provided by Lebanon Christian School, **IRN# 000601**, for the purpose of obtaining your child's records. ***Please complete this form and provide it to the school from which you are obtaining records.*** The records will be transferred by that school directly to Lebanon Christian School.



Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address of Child: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize (*school transferring from*) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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*This section is for Office use only*

\_\_\_\_\_ is enrolled in Lebanon Christian School as of \_\_\_\_\_  
*(Student Name) (Date Enrolled)*

**Please send requested records, as defined by Public Law 93-380, to:**

**email: [office@lebanonchristianschool.org](mailto:office@lebanonchristianschool.org) Fax: 513-934-5698**

**Mail: 1436 Deerfield Rd Lebanon, OH 45036**

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|---|--|
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Immunizations Records       |
| <input type="checkbox"/> Attendance Records   | <input type="checkbox"/> Vision and Hearing Results  |
| <input type="checkbox"/> Test Scores          | <input type="checkbox"/> Emergency Health Care Plans |