

# Release/Transfer of Confidential Records

This form is provided by Lebanon Christian School 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*) \_\_\_\_\_

to release all school records as defined by Public Law 93-380, and any amendments thereto, to:

Lebanon Christian School  
1436 Deerfield Road  
Lebanon, Ohio 45036

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

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