

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: _____ Birth Date: _____

Address of Child: _____

I hereby authorize (*school transferring from*) _____

Signature: _____ Date: _____

Relationship to Child: _____

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 Fax: 513-934-5698

Mail: 1436 Deerfield Rd Lebanon, OH 45036

- | | |
|---|--|
| <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 |
| <input type="checkbox"/> IEP/Behavior Plans | <input type="checkbox"/> Birth Certificate |

