



**RELEASE OF STUDENT RECORDS**

Parents of prospective students have two options to obtain student records:

\_\_\_\_\_ You can mail, fax or hand deliver this form to your child's **current school**, as soon as possible, so that the school will forward copies of your child's records to Westminster Christian School, Attn: Beth Lindberg; or

\_\_\_\_\_ Return the completed form to WCS and we will obtain the records on your behalf.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade/  
Grade Recently Completed: \_\_\_\_\_

School Attended: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

School records may be examined by parents/guardians, or student, if of legal age. The information to be released may include the following:

- ❖ Official school records (identifying information, academic transcript/grades, standardized group test results, class rank, attendance, birth certificate, immunization & health records, honors and rewards received, participation in school sponsored activities)
- ❖ Teacher, counselor & staff observations
- ❖ Case studies, evaluations, reports of multi-disciplinary staffings
- ❖ Social work reports, psychological reports, verified reports from non-school, medical reports
- ❖ Chemical abuse/dependency reports
- ❖ Special Education records (including related services) & IEP, if applicable

I, the parent or guardian of the above listed student, authorize Westminster Christian School to obtain information from the above mentioned school.

Please Mail to: **Westminster Christian School**  
**Attn: Beth Lindberg**  
**2700 W. Highland Avenue**  
**Elgin, IL 60124**

I understand that this authorization takes effect immediately. It expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

Signed \_\_\_\_\_

Date \_\_\_\_\_