

NORTH CHRISTIAN SCHOOL

3109 Emerson Avenue
Parkersburg, WV 26104
304-485-0241
304-428-3231 (Fax)
email address: jfleming@nbpc.tv

REQUEST FOR RELEASE OF INFORMATION

Name of Present School: _____
Principal's Name: _____
School Address: _____

I hereby authorize you to release all medical, educational (grades), social and/or psychological information which has been a part of the school records regarding

Student's Name: _____
Date of Birth: _____
Grade: _____

to North Christian School at the above address. I understand that the information transmitted will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

Signature	Relationship	Date
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If your child will be transferring from another school, please present this form to your home school. NCS is not responsible for obtaining records from your child's school. Information may be mailed, faxed or hand-delivered to NCS. All school records, including standardized test scores are required for a complete application .