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REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

(Please complete and return this form to FBCS. We will request records from the school.)

The following student is being considered for enrollment at First Baptist Christian School. It is requested that an official copy of the student's school records be sent to the email, fax, or physical address listed above.

Please include all records, including academic records (cumulative grades, current report card, past standardized testing, etc.), and any pertinent information regarding health, psychological testing, disciplinary action, and attendance.

STUDENT:	BIRTHDATE:		
SIGNATURE:		DATE:	
Parent,	Legal Guardian, or Self if Over 18		
SCHOOL FROM WHICH RECORD	S ARE BEING REQUESTED:		
SCHOOL NAME:			
	ENDED AT THIS SCHOOL:		
SCHOOL ADDRESS:			
CITY:	STATE:	ZIP CODE:	
SCHOOL PHONE:	SCHOOL FAX:		
SCHOOL EMAIL:			
FBCS OFFICE USE ONLY:			
DATE OF DECLIFET.		DV.	