

# STUDENT RECORD RELEASE

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

## RELEASING SCHOOL

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

In accordance with the Family Educational Rights and State Law, I hereby authorize the release to the school named below of all records, including grades and health records, as well as psychological, social, educational or developmental information regarding the following pupil/pupils:

<i>Name of Student</i>	<i>Date of Birth</i>	<i>Current Grade Level</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Signature of Receiving Principal*

**RECEIVING SCHOOL:**  
El Shaddai Academy  
716 North Ventura Road #333  
Oxnard, CA 93030  
(805) 744-7970