

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