



# East Richland Christian Schools

67888 Friends Church Road  
St. Clairsville, OH 43950  
Phone (740) 695-2005  
Fax (740) 296-5219  
ercs@comcast.net  
www.eastrichland.org

## REQUEST FOR TRANSFER OF SCHOOL RECORDS

This form is provided by East Richland Christian Schools for the purpose of obtaining or releasing a student's school records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to/from another school for enrollment at another/this school.

Name of student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of school student is leaving: \_\_\_\_\_

School address: \_\_\_\_\_  
\_\_\_\_\_

School fax: \_\_\_\_\_ School Phone: \_\_\_\_\_

Please release all information which might be helpful in the educational planning and understanding of the above-named student, including:

- Cumulative folder records
- Standardized test scores
- Health records
- Psychological reports
- Psychiatric reports
- Social data

### RELEASE RECORDS TO:

East Richland Christian Schools  
67888 Friends Church Road  
St. Clairsville, OH 43950

*I hereby authorize the transfer of all school records for the above-named student. By signing this request for transfer, I relieve the school which the above-named student was attending of the responsibility of notifying me that the records are being transferred.*

Signature of requesting Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act)**