



East Richland Christian Schools

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Request for Release of Records

This form is provided by East Richland Christian Schools for the purpose of releasing a student's school records. By signing this release a parent or legal guardian will expedite the transfer of records to another school for potential enrollment at that school.

Name of Student: _____

Date of Birth: _____ Grade: _____

Name of School to Send Records: _____

School Phone: _____ School Fax: _____

School Address: _____

Please select one of the following:

_____ 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

_____ Please send the following specific item(s): _____

I hereby authorize the transfer of school records for the above-named student as indicated. By signing this request for transfer, I relieve the school of the responsibility of notifying me that the records are being transferred.

Signature of Requesting Parent/Guardian: _____

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