

**Middletown Christian Schools
3011 N. UNION ROAD
FRANKLIN, OH 45005**

FAX: 513-261-6841

**REQUEST FOR RELEASE OF
CONFIDENTIAL INFORMATION FOR STUDENT RECORDS**

According to legal counsel, only the following information may be released without parent/guardian or legal-aged student's consent: name, address, grade assignment, parent/guardian's name, and phone number. All other information released must have parent/guardian or legal-aged student's written consent. The student listed below has enrolled in the _____ grade. I do hereby request that the following information be forwarded to Middletown Christian Schools:

_____ Transcript of Credits _____ Cumulative Records
_____ Withdrawal Grades _____ Health Records
_____ Birth Certificate _____ Discipline/Behavioral Reports

Signature of Parent/Guardian/Legal-Aged Student

Signature of Principal

Name of Student _____ Birth Date _____

SS# _____

Address _____

School Attended _____

School Address _____

Date Request Sent _____