



RELEASE OF STUDENT RECORDS

I (parent/guardian), _____, hereby give permission to have the permanent and temporary records released for:

Student's Name: _____ Grade: _____

Address: _____

Check all that apply:

X	Official Transcripts	X	Achievement Test Scores
X	Report Cards	X	Cumulative Records
X	Health & Immunization Records	X	Other:
X	IEP/ Accommodations		
Below: for student's current or prior administration to complete.			
	Student is in good academic standing		Student is in good behavioral standing
	Student's account is in good financial standing		

LAST SCHOOL ATTENDED:

Principals Name _____ Name of School _____

Phone Number _____ Fax Number _____ Email _____

Street _____ City _____ State _____ Zip _____

FORWARD TO:

Please email records

Sauk Valley Christian Academy
702 W. Lynn Blvd.
Sterling, IL 61081
PHONE: 815-290-9576 Email: tmarks@fofca.com

I understand and have been informed that I have a right to review all records on my child and am entitled to a copy of the records to be forwarded to the receiving party prior to their release. I have also been informed that I have a right to a hearing to contest any information obtained in my child's record prior to its release.

Date of Release

Signature of Parent/Guardian

**Note: It is not necessary for parents to sign a release when records are being passed from school to school.
See Federal Register, June 17, 1976, Part II H.E.W. Privacy Right to Parents and Students. Vol.41, No. 118-24673.**