



6460 Glen Echo Avenue  
Gladstone, OR 97027  
503.655.3074 P  
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www.gladstoneaog.org/gcs

## Student Record Release

Date: \_\_\_\_\_

The following student(s) have been enrolled in our school. Please release their academic, health and behavioral records to Grace Christian School. Please also include any pertinent testing information that will benefit the student(s).

Student's Name:

Birth date:

Grade Entering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Releasing School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request and permit the release and forwarding of all the student(s) records indicated above.

\_\_\_\_\_  
Signature of Parent / Guardian

New Federal Law 99.31 – No Parental signature is required for education records sent to another educational agency according to new Federal law regulations.