



Request for Release of School Records

Date: _____

Prior School: _____

Attention: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax# _____

The Federal Family Rights and Privacy Act of 1974 and the California Law do not require the school forwarding pupil records to obtain parent permission to release the records. Please forward cumulative records, health records, and other pertinent information for the student(s) listed below who have now enrolled in our school.

NAME	BIRTHDATE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SEND RECORDS TO:

COVENANT CHRISTIAN SCHOOL

Attn: Christina Armenta, Registrar
1855 N. Orange Olive Rd.
Orange, CA 92865
(714) 998-4852 p (714) 998-5425 f

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