



## STUDENT TRANSFER AND RECORD RELEASE PERMISSION

Complete this form and return with application.  
 Student Records will be requested upon acceptance.

Student Name	Birth Date	Grade	School Year
School leaving	Phone	Fax Number	
School address	City	State	Zip Code

**Please send a copy of the following:**

- \_\_\_\_\_ All cumulative records/standardized test results (standard and confidential).
- \_\_\_\_\_ All health and immunization records.
- \_\_\_\_\_ Ohio proficiency test results.
- \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE MAIL TO:**

**Attention: Office of Admissions  
 Cincinnati Christian Schools, Inc.  
 7474 Morris Road  
 Fairfield, Ohio 45011  
 Or fax to: (513) 892-0516**

**I consent to the release of the records indicated above to Cincinnati Christian Schools.**

Signature of Parent/Legal Guardian/Adult Student	Date		
Address	City	State	Zip Code

Records released to the person or agency listed above, are not to be released to another person or agency without the consent of the parent, legal guardian, or adult student. If copies of records are released to parents, legal guardians, or adult students, the school district is relieved of responsibility for confidentiality of those records.