

## STUDENT TRANSFER AND RECORD RELEASE PERMISSION

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

Student Name	Birth Date	Grade	School Year
School leaving or assigned to next if different	Phone	Fax Number	
School Address	City	State	Zip Code

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

- All cumulative records and test results      **SSID#** \_\_\_\_\_
- All health and immunization records
- Official transcript (if applicable)
- IEP or other accommodation plans
- Disciplinary and attendance records

**PLEASE MAIL TO:**

**Attention: Office of Admissions  
 Cincinnati Christian Schools, Inc.  
 7474 Morris Road  
 Fairfield, Ohio 45011**

**Or e-mail to: [records@cincinnatichristian.org](mailto:records@cincinnatichristian.org)**

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

Signature of Parent/Legal Guardian	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, or legal guardian. If copies of records are released to parents, or legal guardians, the school district is relieved of responsibility for confidentiality of those records.