



RECORDS RELEASE FORM
Wilmington Christian Academy
PO Box 801
Wilmington, OH 45177
937-383-1319

Request for Release or Transfer of School, Health, and Psychological Records

Name of Student _____

Birth date _____

Current Grade _____

FROM:

Please release or transfer the records of the above named student from:

Name of School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

TO:

Please transfer the above named student's records to:

Wilmington Christian Academy

PO Box 801

Wilmington, OH 45177

Legibly Printed Name _____ Phone _____

Signature of parent, legal guardian, or self (if over 18 years of age) Date _____

Parents, guardians, or legal-age students may inspect the records transferred or received. Records transferred by authorization of this release will not be released to another person or school or agency other than the one listed above without written notification to the parent, guardian or legal-age student.