

Church of the Redeemer Christian School

Transfer of Records Authorization

Authorization is hereby given to send copies of all records pertaining to:

Student's name _____
Last first middle

Date of birth _____ Academic year last attended _____
Mo/day/yr

Please send the following records:

- All Records include Health Records & Birth Certificate
- Health Records only
- Academic Records only

Agency/School to Send Records:

Name _____

Address _____

School to Receive Records:

Willy Johnson

Church of the Redeemer Christian School
19425 Woodfield Road
Gaithersburg, MD 20879

Authorization: I give permission for Church of the Redeemer Christian School to request records/information for the above student and for the sending agency/persons to release those records.

Signature of Parent/Guardian

Date