



## VILLAGE CHRISTIAN SCHOOL PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

SCHOOL TRANSFERRING FROM: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

In accordance with the family education rights and privacy act of 1947 and California state law, I hereby authorize the release to the below named school all school records including grades, health records, and any other developmental information on the below named pupil:

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SEND THE ABOVE REQUESTED RECORDS TO:

VILLAGE CHRISTIAN SCHOOL  
ATTN: ADMISSIONS  
8930 VILLAGE AVE  
SUN VALLEY, CA 91352

FAX: (818) 768-2006

EMAIL: [ADMISSIONS@VILLAGECHRISTIAN.ORG](mailto:ADMISSIONS@VILLAGECHRISTIAN.ORG)

College-bound from Kindergarten ♦ Christ-centered for Life

8930 Village Ave, Sun Valley, CA 91352 ♦ 818-767-8382/FAX 818-768-2006 ♦ [www.villagechristian.org](http://www.villagechristian.org)