



## TRANSCRIPT RELEASE FORM

Date \_\_\_\_\_

My child has applied for enrollment at Providence Christian School. I am requesting release of all records pertaining to this student.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Please release copies of the following:

- Complete transcript of grades
- All standardized test scores
- Immunization and health records
- Any other pertinent information concerning this student

Please send the records to:

**Providence Christian School**  
**4906 Providence Road**  
**Charlotte, NC 28226**  
**Phone: 704-364-0824**  
**Fax: 704-364-7538**

I, \_\_\_\_\_ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning said student, and I do hereby request and authorize \_\_\_\_\_ School to send to Providence Christian School copies of all records pertaining to said student upon receipt of this release request.

Signature of Parents or Guardians \_\_\_\_\_ Date \_\_\_\_\_