

# Authorization to Release Records

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Office (503) 252-8577 Fax (503) 252-2108 [ccs@columbiachristian.com](mailto:ccs@columbiachristian.com)

**ATTENTION:**

Previous School \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<p><b>STUDENT:</b> _____ DOB _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
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**Please release records for the above named student that has enrolled in Columbia Christian Schools and has indicated he/she last attended your school.**

**Records Requested:**

- \_\_\_ Academic Progress
- \_\_\_ Behavioral
- \_\_\_ Special Education
- \_\_\_ Immunization
- \_\_\_ Other

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request and permit the release and forwarding of the student records indicated herein for the above names student. I understand my right to review these records.

<p><b>Please send records to:</b></p>	<p>School Registrar Columbia Christian Schools 413 NE 91<sup>st</sup> Ave. Portland, OR 97220</p>
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