



WINSTON SALEM CHRISTIAN SCHOOL

RECORDS RELEASE FORM

Student Name: _____ Birthdate: _____ Grade: _____

Please release my child's records to the following institution:

School: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please send the records via : _____ Email _____ Fax

I grant permission for a copy of my child's records to be released to the above named school. I understand that if I have a balance on my account my records will not be released until I have paid my balance. I also understand that if I have not already formally withdrawn from Winston Salem Christian School, this serves as my formal withdrawal from Winston Salem Christian School.

Parent Signature: _____ Date: _____

Records Sent on : _____ by _____