

<b>REQUESTING FROM</b>		
School Name:		
Street Address:		
City:	State:	Zip:
<b>PLEASE RELEASE RECORDS FOR</b>		
Last:	First:	Middle:
Date of Birth:	Grades Attended:	
<b>PLEASE RELEASE ALL AVAILABLE CUMULATIVE RECORDS INCLUDING:</b>		
<ul style="list-style-type: none"> <li>• Permanent Records</li> <li>• Immunization/Health Records</li> <li>• Psychological</li> <li>• Behavioral Records</li> </ul>		
<b>PLEASE FORWARD ALL RECORDS TO:</b>		
Riverside Christian School 463. N. Shepherd Rd. PO Box 367 Washougal, WA 98607	Phone: 360.835.5600 Fax: 360.835.5600	

I hereby request and permit the release and forwarding of the above student's records.

Signature of Parent/Guardian:	Print Name:	Date:
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