AUTHORIZATION TO REQUEST/RELEASE STUDENT RECORDS
Lakota Christian School
West Chester, OH 45069

FAX TRANSMITTAL	
To:	**TOTAL NUMBER OF PAGES SENT** (Including this cover page):
From:	
Subject:	**If you do not receive all pages, please call:** Tracy Hoover 513-779-4316

INSTRUCTIONS: This form is used to request student records. Parent/Guardian should complete Parts I and II below. Recordkeepers/Registrars should complete Parts III and IV. Original should be forwarded to agency/school releasing records. A copy should be filed in student's cumulative folder and **retained for three (3) years.**

PART I: Student for Whom Records Are Requested

Name: _____ _____ _____
Last *First* *MI*

_____ _____ ____/____/____
ID# *Grade* *Date of Birth*

PART II: Agency/School to SEND Records	***PART III: School to RECEIVE Records***
Name	Name: Lakota Christian School
Address	Address: 7000 Summerhill Dr. West Chester, OH 45069
Fax # of sending school	Note: Please call 513-779-4316 if faxing records
Phone # of sending school	Lakota Christian School is Non-Chartered

PART IV: Records/Information Needed to Determine Correct Placement (Include key to grading system)

☐ Academic Records ☐ Health Records ☐ Confidential Records
☐ Other (specify) _____

PART V: Authorization

Student records may be provided to officials of a school in which the student intends to enroll without written consent of the parent/guardian or eligible student. (OVC 13A.08.02.19)

Parent Signature:

FOR OFFICIAL USE ONLY

Recordkeeper/Registrar Submitting Request	
Records Requested ____/____/____ Records Sent ____/____/____ Records Received ____/____/____	COMMENTS