# **PERMISSION FOR RELEASE OF RECORDS**

Date:

To:

 (Name of the school that currently has student’s records)

Current School Address:

City/State/Zip:

Current School Phone Number:

Current School Fax Number:

I give my permission for the records of:

to be sent to New Covenant Christian School.

Student’s Birthdate(s):

Signature of Superintendent:

 Dalton Gatlin