Request for Release of Records **Dayspring Christian Academy**

Date: _____/_____/_____

School Name: _____

School Address: _____

School Phone :(_____) _____ School Fax :(____) _____

Registrar's Name: _____ Title: _____

Registrar's e-mail address: _____

Authorization for release of current school records for the following student:

Student's Name: _____ Grade: _____

Date of Birth: _____/_____/_____

Please supply the following information:

_____Cumulative grade report – Report Cards - Transcript of credits

_____ Attendance Records – if not included on report card

_____ All Standardized Test / Assessment Scores / Results (Stanford Achievement Test, Iowa Test of Basic Skills, California Achievement Test, ERB, TerraNova, NWEA, CSAP math & reading portions, ACT & SAT college entrance exams, or equivalent)

_____ Special Education files - IEP's, 504's, etc. (psychological & academic)

_____ Discipline - Behavior records

_____ Immunizations & Health Records

Please return this form to Dayspring Christian Academy-Attn: Kelley Launer/Registrar
3734 W. 20th Street, Greeley, CO 80634-3429
(970) 584-2580-Registrar Direct (970) 330-1151-School's Main Line or fax to: (970) 330-0565
Or email to: klauner@dayspringeagles.org

_____ ____/____/____ _____ _____/____/____
Parent/Guardian Signature Date School Registrar Signature Date

Please note: Federal law 99/31 states that there is no parent's signature required for transfer of educational records to another educational agency.