



**PARENT AUTHORIZATION FOR RELEASE
REQUEST OF STUDENT RECORDS**

Instructions: Please provide this completed form to your child(ren)'s current school. Records will be used by administration to determine student acceptance and placement at Christ the King Catholic School.

In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law,

_____ hereby authorizes the release of student information FROM:

Name of Previous School

_____ Address of Previous School _____ Email or FAX Number

Initial the items below which you DO NOT want sent, otherwise the entire record will be forwarded:

- | | |
|---|--|
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Health Card | <input type="checkbox"/> Achievement Test Scores |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Other _____ |

I understand that I have the right to inspect, copy, or to challenge the contents of the records prior to the records being forwarded by contacting the current school.

Name of Child: _____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

Parent or Guardian Signature _____ Date

Address _____ Phone

Please mail, fax, or email records to:

Christ the King Catholic School
Attn: Admissions
1551 E. Dana Avenue
Mesa, AZ 85204
Phone: (480) 844-4480
Fax: (480) 844-4498

LBrennan@ctk-catholicschool.org