**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:

Transcript of Grades Attendance Record

Withdrawal Grades Psychological Records

Health Card Achievement Test Scores

Immunization Records 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](mailto:LBrennan@ctk-catholicschool.org)