



Mentor Christian School

8600 Lake Shore Blvd. - Mentor, Ohio 44060 – (440) 257-3172
 FAX: (440) 257-9309 Principal: **Frank Davis**

TRANSFER OF RECORDS REQUEST

The following student has enrolled in Mentor Christian School. Please release records for the following student.

Student's Name	Date of birth	Grade
Student's Address	City, State	Zip Code

PREVIOUS SCHOOL	ADDRESS

I HEREBY REQUEST THAT ALL RECORDS BE RELEASED FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- Educational Records (Transcripts, Report Cards, Achievement Test Scores etc.)
- Attendance Records
- Health Records, immunizations, birth certificate
- IEP, 504 Plan, ETR, Special Education Reports
- Discipline Records

I acknowledge that this authorization is voluntary and that I have received a written copy of this authorization.

Signature: _____ Date: _____

Parent/Guardian Name: (print) _____ Relationship: _____

PLEASE SEND RECORDS TO THE SCHOOL MARKED BELOW:

- Becky Carafa bcarafa@mentorchristian.com
 Sarah Quirke squirke@mentorchristian.com

For Office Use Only

Sent to: _____ Date: _____