

Release of Records Form

FRANKLIN ROAD CHRISTIAN SCHOOL

3124 Franklin Road * Murfreesboro, TN 37128

(615) 890-0894 * www.frscminutemen.com

STUDENT'S NAME _____

BIRTHDATE _____/_____/_____

GRADE ENTERING _____

This form authorizes the release of your child's permanent records from previously attended schools to Franklin Road Christian School. The types of records to be sent are attendance information, academic records, standardized test results, school enrollment, and health forms. Please complete the form in its entirety in order to expedite this process.

PREVIOUS SCHOOL

NAME OF SCHOOL LAST ATTENDED _____

STREET ADDRESS _____

CITY _____

STATE _____

COUNTY _____

ZIP CODE _____

(_____) _____
PHONE

(_____) _____
FAX

RECORD RELEASE

Dear Academic Administrator:

You are hereby requested and authorized to release the permanent records of the above named student to the Franklin Road Christian School of Murfreesboro, Tennessee.

You are also requested to have a qualified staff member complete the *Student Referral Form* printed on the reverse of this document. This should be an individual with first-hand knowledge of the above listed child. Thank you for your cooperation and extra time to complete this referral.

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

PLEASE MAIL THIS FORM AND THE REQUESTED RECORDS DIRECTLY TO:

**Franklin Road Christian School
3124 Franklin Road
Murfreesboro, TN 37128**

PLEASE SEE OTHER SIDE ⇨

