



STUDENT RECORD RELEASE

Bellingham Christian School

1600 E. Sunset Dr. Bellingham, WA 98226 (360) 733-7303 phone (360) 647-0683 fax

(Needed for students entering first-eighth grades)

NAME OF STUDENT _____

DATE OF BIRTH _____

I authorize _____ to release the below information.

(name of releasing school)

INFORMATION TO BE RELEASED:

Scholastic Record, Health Record, Standardized Test Records, Special Education Test Results, IEP, Speech, 504

AUTHORIZATION STATEMENT AND SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

Please mail this information to:

**Bellingham Christian School
1600 E. Sunset Dr.
Bellingham, WA 98226**