

*FAITH FELLOWSHIP CHRISTIAN SCHOOL*

*131 Moore Avenue  
Watertown, NY 13601  
Ph 315-782-9342  
NYS Registration #15-514*

*Request for Release of School Records*

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please send the following:**

\_\_\_ Standard transcript including withdrawal grades, grading system and attendance.

\_\_\_ Discipline history, if no discipline history, please state NONE.

\_\_\_ Special Education records including Individualized Education Plan (IEP), testing, psychological, etc.

\_\_\_ Medical and health records including immunizations.

\_\_\_ Other: \_\_\_\_\_

**Please mail student records to..... Faith Fellowship Christian School  
131 Moore Avenue  
Watertown, NY 13601**

According to the Final Regulations – Family Education rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers, within an educational institution and officials of other schools in school systems in which the student may intent to enroll, may receive a student’s records without a written consent for such release.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*TO KNOW JESUS AND MAKE HIM KNOWN*