



STUDENT TRANSFER & RECORD RELEASE PERMISSION

Complete this form and return with application.
Student records will be requested by CCS upon acceptance.

_____ Student Name	_____ Birth Date	_____ Grade	_____ School Year
_____ School leaving or assigned to next if different	_____ School Phone	_____ School Fax Number	
_____ School Address	_____ City	_____ State	_____ Zip Code
_____ School Email			

PLEASE SEND A COPY OF THE FOLLOWING:

- All cumulative records and test results
- All health and immunization records
- Official transcript (if applicable)
- IEP, ETR, and any other accommodation plans
- Disciplinary and attendance records
- Student State ID (SSID#) _____

PLEASE MAIL TO:

Attention: Admissions Department
Cincinnati Christian Schools, Inc.
7474 Morris Road
Fairfield, Ohio 45011

OR EMAIL TO:

records@cincinnatichristian.org

I consent to the release of the records indicated above to Cincinnati Christian Schools.

_____ Signature of Parent/Legal Guardian	_____ Date		
_____ Address	_____ City	_____ State	_____ Zip Code

Records released to the person or agency listed above are not to be released to another person or agency without the consent of the parent or legal guardian. If copies of records are released to parents or legal guardians, the school district is relieved of responsibility for confidentiality of those records.