

# MASON COUNTY CHRISTIAN SCHOOL

470 East Eagle Ridge Drive  
Shelton, Washington 98584  
TEL: (360) 426-7616 ~ FAX: (360) 426-6582

## REQUEST FOR TRANSFER OF STUDENT RECORDS

To: Releasing School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Re:	<u>Student(s) Name</u>	<u>Birth Date</u>	<u>Grade</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please send records to:

### MASON COUNTY CHRISTIAN SCHOOL

Attn: Cindy Adams  
470 East Eagle Ridge Drive  
Shelton, Washington 98584

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1994, I do hereby authorize the release of my child's school records/files (cumulative, health, psychological, administrative, attendance, etc.) to Mason County Christian School.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Signature

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Date request sent: \_\_\_\_\_