

**Records Request Form**

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Name of Student Date of Birth Grade

The above named student has applied for enrollment at Emerald Coast Christian School. Please forward all records pertaining to this student, including the Certificate of Immunization. The release below must be signed by the student’s parent or legal guardian.

I hereby authorize you to send to Emerald Coast Christian School all academic, social, physiological, and health records for the above named student.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student