

RELEASE OF PERMANENT RECORD

Jr/Sr High School

To be signed by parent or guardian
Will be sent upon acceptance to PCS

Student's Name _____

School Previously Attended:

Name _____

Address _____

City/St/Zip _____

The above named student has enrolled at Portland Christian Schools.

Please send this student's permanent academic file, including transcripts, health records (immunizations), and behavioral records, to our school office.

The student's parent/guardian signature appears below, authorizing transfer of these records.

Please mail these records to: Portland Christian Schools
12425 NE San Rafael Street
Portland, OR 97230

Thank you in advance for your assistance in this matter.

Sincerely,

Administrative Assistant

Date

In accordance with Oregon Revised Statutes 336.185 to 336.215 and the "Family Educational Rights and Privacy Act of 1974" passed by the Congress on August 21, 1974, school personnel are required to have written permission to transfer academic information and/or recommend students to prospective employers, colleges, scholarship donors, Armed Forces, and others desiring information.

I hereby grant my permission for you to release copies of all school records and to give verbal information to Portland Christian Schools.

Parent or Guardian Signature

Date