Elementary (K-6)

711 10th Street, Fulton, IL (815) 589-4196 Fax (815) 589-4430



Jr./Sr. High School (7-12) 711 10th Street, Fulton, IL (815) 589-3912 Fax (815) 589-4430

AUTHORIZATION FOR RELEASE OF RECORDS

(Please Print)

Student's Name:			
Date of birth: Grade level:			
I hereby authorize			
(student	's current school)		
Calculation	C'I	Clair	7
School address	City	State	Zip
to release all current transcripts, cumulat	ive records, health records, any psych	nological records and/or testing	records to:
	Unity Christian School – Adm	issions	
	711 10 th Street		
	Fulton, IL 61252		
Thank you for your cooperation.			
mank you for your cooperation.			
Signature of Parent / Guardian		(Please print parent / guardia	n nama)
Signature of Farent / Guardian		(Flease print parent / guardia	ii iiaiiie)
Date	(P	arent / guardian phone numbe	r)
Unity Christian School reserves the right t		usly accepted if the final transo	cript:
1. is not received by Unity Christian			
2. reveals a marked discrepancy fro	= ::	. f	
and/or behavioral or disciplinary	records reveal a marked discrepancy	from previously provided info	rmation.
(PLI	EASE RETURN THIS FORM TO UNITY C		
	ADMISSIONS OFFICE FOR PROC	LESSING)	
For Office Use Only: Missing person	search was conducted through the I	llinois State Police.	
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