

**RELEASE OF STUDENT RECORDS REQUEST FORM**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Please forward all the following records of the student listed above.

- \_\_\_\_\_ Grades and any grades in progress (if applicable).
- \_\_\_\_\_ Cumulative folder, including pertinent information.
- \_\_\_\_\_ Health records, including certificate of immunization.
- \_\_\_\_\_ Test results (mental, reading ability, achievement, etc.)
- \_\_\_\_\_ IEP/Psych. Folder.

Please forward to:

Newton Christian School  
1710 North 11<sup>th</sup> Avenue East  
Newton, IA 50208