

# Springvale Christian Academy

1700 Clark Drive

Telephone (513) 575-9104 Fax (513) 239-8114

Loveland, Ohio 45140

## Record Release Form

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please release academic and health records (include IEPs) to the following school:

Springvale Christian Academy  
1700 Clark Drive  
Loveland, OH 45140  
Attention: Kathy McCoin  
(513) 575-9104 Fax: (513) 239-8114

Records transferred by authorization of this form will not be released to a person or out-of-district school or agency other than Springvale Christian Academy without consent of the parent, guardian, or legal-age pupil.

As parent or legal guardian of the above named student, I hereby grant my permission for the records to be sent to Springvale Christian Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date