

Muncie Christian School
3650 N. 67th Street
Kansas City, KS 66104
Office: 913.299.9884
Fax: 913.299.9884
www.munciechristian.com

Request to Release Student Records

Date: _____

School Name: _____

Address: _____

City, State, Zip: _____

Dear Counselor:

My child has withdrawn from _____.
Please release the following records to Muncie Christian School.

- ✓ List of subjects taken, grades, and credits received
- ✓ Health Records
- ✓ Discipline Records
- ✓ Attendance Records
- ✓ An explanation of your grading system, if other than A, B, C, D, and F are used
- ✓ Entrance and withdrawal dates
- ✓ Withdrawal grades for the current grading period

If this student has been placed in special education programs of any type, please include the following:

- ✓ Psychological evaluation
- ✓ Individual education plan [IEP]
- ✓

Student's Name [Last, First] Please print

Date of Birth

Grade level at withdrawal

Parent/Guardian Signature

Mendy Lietzen, Administrator—Muncie Christian School
