

## Request for Release of Records

Today's Date:			
School to Request Records From:			
School Name:			
Address:			
City/State/Zip:			
Dear Principal,			
Please release ALL school records of		(Print First and Last Name of Student)	
date of birth(Print Student's Date of Birth)	, to:		
Grace Christian Academy 8420 W. Beloit Road West Allis, WI 53227			
Thank you for your attention to this matter.			
Cindi Hummitzsch Administrator			

According to the Final Regulations-Family Educational Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain consent to release records between schools. It states those school officials, including teachers within the educational institution and officials of other schools systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.