



Banner Christian School

P.O. Box 74010
North Chesterfield, Virginia 23236
Phone: 804-276-5200
Fax: 804-276-7620
www.bannerchristian.org

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and send this form to your guidance counselor or principal. (Please print neatly or type)

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In accordance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consent to the release to Banner Christian School of all educational records about the above-named individual who is applying to Banner Christian School, including recommendations and such other information as may be requested.

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TO: PRINCIPAL OR GUIDANCE COUNSELOR

The student named above has been provisionally accepted for admission to Banner Christian School. We would appreciate your prompt response in sending the following information:

1. A transcript of the student's records to date.
2. A copy of the student's complete test profile.
3. All health records, including immunization, vision, and hearing test.
4. Copy of all psychological reports.
5. Copy of Individual Educational Plan.
6. Copy of Special Education Placement forms.
7. Your own personal recommendations (see attached Recommendation form) of the student as to academic potential, personality, and character.

The information should be mailed to:

Admissions
Banner Christian School
PO Box 74010
North Chesterfield, Virginia 23236