



# New Hope Christian Schools

*Education with Eternal Benefits*

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## REQUEST AND AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

Date \_\_\_\_\_

Name and address of last school attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send cumulative records for the following student who has entered our school:

_____	_____	_____
(Name)	(Birthdate)	(Grade)

I hereby authorize the release and exchange of educational, behavioral, psychological, and medical information concerning my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

Thank you,

Marsha Grush  
Administrative Assistant