



Records Release Form

DAYTON CHRISTIAN SCHOOL
9391 Washington Church Road, Miamisburg, OH 45342
(937) 291-7212 FAX: (937) 291-7213
www.DaytonChristian.com

Request for Release or Transfer of School, Health and Psychological Records

Name of Student _____

Birthdate _____ Current Grade: _____

From:

Please release or transfer the above named student's records from:

Name of School: _____

Address: _____

City: _____ State: _____ Zip _____

Phone _____ FAX _____

To:

Please release or transfer the above named student's records to the indicated DCSS location:

- | | |
|--|--|
| <input type="checkbox"/> Dayton Christian School (937) 291-7212
9391 Washington Church Road, Miamisburg, OH 45342
FAX (937) 291-7213 | <input type="checkbox"/> High School (Gr. 9-12) |
| | <input type="checkbox"/> Middle School (Gr. 5-8) |
| | <input type="checkbox"/> Elementary School (Gr. K-4) |

Legibly Printed Name: _____ Phone: _____

Signature of Parent, Legal Guardian, or Self (if over 18 years of age) Phone: _____

Parents, guardians, or legal-age students may inspect the records transferred or received, and request a hearing to challenge the contents therein. Records transferred by authorization of this release will not be released to another person or out-of-district school or agency other than the one listed above without written notification to the parent, guardian, or legal-age student.