

Authorization to Obtain Information

I hereby grant permission to:

Former School: _____

Street Address: _____

City/State/Zip Code: _____

To release the following information to Ames Christian School:

Health Record & Immunization Card
Standardized Tests
Cumulative Records Cards
Psychological Reports
Alternative Assessment Summaries

Report Cards
Special Services Contract
Teacher's Comments
Parent Authorizations
Special Education Records, Including IEP's

On the following students:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

**Send all records to:
Peggy Smith, Administrator
Ames Christian School
925 South 16th Street
Ames, Iowa 50010**

Thank you for your prompt attention to this request for records.

Parent / Guardian Signature: _____ Date: _____