



## Authorization for Release of Information & for Academic Record/Transcript

### CONFIDENTIAL

#### TO THE PARENT/GUARDIAN

Please print the school information and your child's name below. Return this form to Horizon Christian School Admission Office with the application form.

Student's name (last, first, middle) \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

School attending or last attended \_\_\_\_\_ School's phone number \_\_\_\_\_ Fax number \_\_\_\_\_

School's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize and consent to the release and/or exchange of confidential information to Horizon Christian School. I understand that the information obtained will be treated in a confidential manner by Horizon Christian School under the provisions of the Family Education Rights and Privacy Act (FERPA). I understand that my consent for the release for records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided.

\_\_\_\_\_  
Name/Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

#### TO THE PRINCIPAL, HEAD OF SCHOOL, COUNSELOR, or REGISTRAR

The above-named student is applying for admission at Horizon Christian School. Date: \_\_\_\_\_

Please send copies of the following forms: Enrollment Date: \_\_\_\_\_

☐ Official transcript ☐ Latest Report cards (Grades) \_\_\_\_\_

☐ Latest standardized test scores (example: Iowa, SAT, CAT) ☐ Immunization / Health Records

☐ Special Education ☐ Behavioral ☐ Withdrawal Grades (if applicable)

Send requested documents to:

Horizon Christian School,  
700 Pacific Avenue  
Hood River, OR 97031  
Phone: 541-387-3200  
Fax: 541-386-3651