



RECORDS REQUEST

TO: School _____

Address _____

Phone _____ Fax _____

The student(s) listed below have enrolled at Ron Pettigrew Christian School. Please remove them from MyEdBC effective _____, and forward the student records, including:

- ◇ PEN, Permanent Student Record (1704)
- ◇ Copy of Birth Certificate
- ◇ All files pertaining to this student
- ◇ IEP, if applicable

Consent for Release of Confidential Information

I, _____, hereby give my written consent for
(Parent/Guardian's name, please print)

_____ to release to Ron Pettigrew
(Name of School)

Christian School, all pertinent medical information (including hearing and vision test results, prescribed medications etc.), speech and language reports, psychological and/or psychiatric evaluations (including social history) pertaining to my child(ren).

Student Name	Date of Birth (yyyy/mm/dd)	Grade
_____	_____	_____
_____	_____	_____

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

_____ Date _____

Parent/Guardian Name Signature