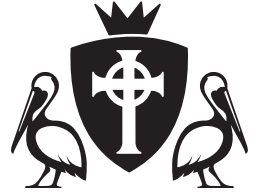


# Authorization for Release of Records

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-787-1036 Fax: 314-432-3989 Email: school@ccsstl.org



In order to evaluate your student, we must have records from the school last attended. Please fill out the Authorization for Release of Records below and give it directly to the school last attended. The records need to be in our office by August 15. Please remind your school to forward the final transcript to us when available.

**Please note: This form must be given to the last school attended and not sent to Covenant Christian School.**

Student's Legal Name: \_\_\_\_\_  
Last First Middle

I hereby authorize \_\_\_\_\_  
Name of student's previous school

\_\_\_\_\_  
Street City State Zip  
to release to: Covenant Christian School  
2145 N. Ballas Road  
St. Louis, MO 63131

current transcripts (including all health examinations and test scores), as well as the final transcript of complete record.

Thank you for your cooperation in sending the current transcripts at your earliest convenience to Covenant Christian School.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_