



**Lititz Christian School**

## Request for release or transfer of school records

Name of student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School last attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please release/transfer the records to: **Lititz Christian School**  
**300 W. Orange St**  
**Lititz, PA 17543**

**These records should include:**

- **Transcript of academic work and standardized testing**
- **Medical and immunization records**
- **Psychological file, if any**
- **Discipline records**

**Records released to the person or agency listed above are not to be released to another person or agency without the written consent of the parent or legal guardian.**

**I consent to the release/transfer of the records indicated above.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**Lititz Christian School**

Early Learning Center      Elementary      Middle      Secondary

PO Box 415 Lititz, PA 17543    717-626-9518    Fax 717-626-9028