



**I. PARENT:** This section is to be completed by the parent and then forwarded to your current/last school to be completed.

Student Name: \_\_\_\_\_ Date(s) attended last school: \_\_\_\_\_

Last school attended: \_\_\_\_\_

School address: \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to have the permanent,  
(Parent/Guardian name)  
temporary and health records released related to \_\_\_\_\_.  
(Student name)

\_\_\_\_\_  
Date of Release

\_\_\_\_\_  
Signature of Parent/Guardian

**II. SCHOOL:** The above family is applying for admission of their child(ren) to Trinity Christian School. Pursuant to 23 Illinois Administrative Code, CH. I, S. Subchapter k Section 375.75b, Trinity Christian School requests **a certified copy** of the above noted student's records.

Please mail all records directly to:

Trinity Christian School  
Admissions  
901 Shorewood Drive  
Shorewood, IL 60404

Trinity Christian School is a privately funded educational institution and does not receive any funds from the U.S. Department of Education. Therefore, Part 99 of the Family Educational Rights and Privacy Act (FERPA) does not apply. Additionally, since Trinity is a private school, pursuant to 23 Illinois Administrative Code, Sec. 375.75b, Trinity is not required to provide prior notice to parents upon the transfer of a record.

Thank you for your prompt attention to this release.

Blessings,  
Trinity Christian School  
Office of Admissions