



P.O. Box 1552, Hunterville, NC 28070  
Phone: 704.987.9811  
Fax: 704.987.9814

<h2>Authorization to Release School Records</h2>
--

To:

We respectfully request that you release the school records, including school transcripts, medical records, testing results, and all other pertinent information to Lake Norman Christian School. We have enrolled the child listed below into LKNC and will appreciate this transfer of records as soon as possible. Thank you for your cooperation.

Student's Full Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_