



## Student Records Request and Parent Release Form

Student : \_\_\_\_\_ Date Requested: \_\_\_\_\_

**School Requesting Records:**

Parkview Christian Academy  
201 W. Center Street  
Yorkville, IL 60560  
Phone: 630-553-5158 Fax: 630-553-3370

**Current School:**

\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I give my consent for the above-mentioned student's permanent cumulative records including identifying information, academic records, standardized test results, attendance records, health and immunization records, birth certificate, vision and dental records, special education records, IEPs, etc. to be sent to Parkview Christian Academy.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_