

# Academic Records Release Form

## Orcas Christian School



### Student Information

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Grade at Previous School \_\_\_\_\_

### Previous School Information Requesting Transcript From

Name of School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Please send educational, Individual Education Plan (IEP) and medical records to:

**Orcas Christian School**  
**PO Box 669**  
**Eastsound, WA 98245**  
**360.376.6683**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_