615 Stewart Ave.
Lewiston, ID 83501
(208) 743-8361
beacon-christian.org

Records Release Form

School to Release information

_____
Name of School

_____
Address of School

_____
City *State* *Zip Code*

By my signature, I hereby grant permission for the release of the cumulative folder and/or transcript of _____, whom I certify to be my child or legal ward. This student attended your school during the _____ - _____ school year and was in the _____ grade.

The records listed above are to be released to:

Beacon Christian School
615 Stewart Ave
Lewiston, ID 83501

_____ _____
Student's signature *Dat*

_____ _____
Parent/Guardian signature *Date*

_____ _____
Student's signature *Date*