

Authorization for Release of Secondary School Records

Date

Student's Last Name

First Name

Middle Name

Grade

Student's SSN:

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Records and Privacy Act of 1974, the undersigned hereby consent to the release by Westminster Christian School of secondary academic records to those institutions indicated by the student or parent for the purpose of post-secondary planning. I understand that any letters of recommendation or counselor/teacher forms are confidential, and I hereby waive any rights to review their content or seek access to these materials before or after the admission decision is made.

Date

Signature of Parent / Legal Guardian

Print Name

This information should be returned to: Cheryl Price, High School Registrar
Westminster Christian School
cprice@wscmiami.org
FAX: 305-233-3789