# Records Request Form

## *Captain Gilmer Christian School*

Post Office Box 5338 • Fletcher, North Carolina 28732 • 828-684-8221 • Fax 828-687-5121

Previous School: _____

Address: _____

_____

Phone Number: _____

Fax Number: _____

Please send Records to:

Captain Gilmer Christian School
Attn: Registrar
P.O. Box 5338
Fletcher, NC 28732
828-684-8221
828-687-5121 fax

PARENT REQUEST FOR RECORDS:

_____ Cumulative Records

_____ Medical Records

_____ Special Education Records

_____ Psychological Records

I hereby authorize the above named person and-or agency to release the above listed records to Captain Gilmer Christian School to assist in program planning for my child or children, named as follows:

Name:_____ Birthdate:_____ Grade:_____

Name:_____ Birthdate:_____ Grade:_____

Name:_____ Birthdate:_____ Grade:_____

_____ _____

Parent/Guardian Signature Date