



320 N THIRD STREET • TELFORD PA 18969 • 215.723.5896 • INFO@GCS-ONLINE.ORG • GCS-ONLINE.ORG

Release of Information

To: _____

To Whom it May Apply:

I hereby grant permission for the release of the following information to Grace Christian School:

Student _____
Grade _____

School Records _____
Health Records _____
Psychological Reports _____
Others (list) _____

(Signature of Parent and Date)

The information being released is solely for the confidential use of Grace Christian School and its contents may not be released or communicated to anyone else unless authorized by the parents or guardians.

Signed _____
Title _____
Date _____