

## Transfer of Records Request

5801 South 84th Street • Lincoln, NE 68516

5801 S. 84th Street, Lincoln, NE 68516

Phone: 402-488-8888 x 201

Fax: 402-488-8903

Grades K-6 – Elementary - Phone: 402.488.8888 x 201 • FAX: 402.488-8903 Grades 7-12 – Secondary - Phone: 402.488.8888 x 253 • FAX: 402.486-4527

In accordance with State and Federal Law, this form authorizes Lincoln Christian School to request written and verbal information for the purpose of legitimate educational interest and planning for:

Student's Name		Birth Date
Today's Date	Grade of student on this date:	I
School District Currently Residing In		
School Name Currently Attending		
School Telephone		
The above-mentioned school has my permission to releasimmunization and other related information on the above Lincoln, Nebraska 68516.		
Records requested are: Birth Certificate Copy Health Record including latest physical exam Immunization Record Attendance Student's fully completed Transcript at the end of the cur Standardized Test results Activities Participation Mutli-Disciplnary Team Reports including:  Psychological testing results Speech/Language/Hearing results Occupational Therapy Physical Therapy IEP (Individualized Education Plan) Section 504 Records and Plans Disciplinary Records High Ability Records Outside Agency Reports	rrent semester/school year o	nce all grades are completed.
I authorize Lincoln Christian School to contact current at conduct, including but not limited to all regular and spec		egard to my child's academic success and social
This release is in accordance with the provisions of the F	amily Education Rights and	Privacy Act of 1974.
Records are Requested by Parent/Guardian:		
Signature		
Relationship to student		
All Records To be SENT TO: Grade K-6 – Elementary Attn: Mackenzie Norcik, Mnorcik@lincolnchristian.org Please CC Admissions@lincolnchristian.org	<u>Lvanostrand@l</u>	Secondary Attn: Lisa VanOstrand incolnchristian.org

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