

Transfer of Records Request



5801 South 84th Street • Lincoln, NE 68516
Phone: 402.488.8888 x 228 • FAX: 402.488-8903

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:	
School District Currently Residing In		
School Name Currently Attending		
School Telephone		

The above-mentioned school has my permission to release the grades, test ratings, health record including latest physical exam and immunization and other related information on the above-named student to Lincoln Christian School, 5801 South 84th Street, 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 current semester/school year once all grades are completed.
- Standardized Test results
- Activities Participation
- Mutli-Disciplinary 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

I authorize Lincoln Christian School to contact current and prior school officials in regard to my child's academic success and social conduct, including but not limited to all regular and special education staff.

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Records are Requested by Parent/Guardian:

Signature _____

Relationship to student _____

All Records To be SENT TO: jill.ballard@lincolnchristian.org

Admissions – Lincoln Christian School Attention Jill Ballard; Director of Admissions and Communications
5801 S. 84th Street
Lincoln, NE 68516
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Fax: 402-488-8903