

Home of Evangel Christian School

Peter Timmins, Principal

SCHOOL RECORDS REQUEST

Name of Student _			
	First	Middle	Last
Date of Birth		Current Grade_	
			nt's parents and should include
		cords (including withdr n record and physical test scores n certificate eports	awal grades)
PREVIOUS SCHO	OOL:		
	(Nam	e of School and phone numb	er)
		(Address)	
		(City, State, Zip)	

Schools: Please return the student records by postal mail to (Evangel Christian School 14836 Ashdale Avenue, Dale City VA 22193) or by faxing to (703-670-7127).

FERPA allow schools to disclose students records, without written authorization from the parent, to school officials with legitimate educational interest or school to which a student is transferring (34 CFR 99.31)