

Please complete and return this form. We will request the records when your child is officially enrolled at Trinitas Classical School or before the next school year begins.

INFORMATION RELEASE FORM

I hereby give my consent for	
	(former school or agency)
	(address)
to send student records for	
	(student name)
To: Trinitas Classical Sch	ool

1934 52nd Street SE Kentwood, MI 49508

According to the Parents Rights and Privacy Act, Sec. 438, parents or guardians of students may inspect the records transferred and request a hearing to challenge the contents therein. Signature of parent is not required for transfer of records as stated in Sec. 99.31 and 99.34 of the Family Rights and Privacy Act.

In compliance with the Family Educational Rights and Privacy Act, I am aware of my right as a parent or guardian and request that all school records of the above named student be sent to Trinitas Classical School.

Parent or Guardian Signature

Date