



**BETH HAVEN  
MINISTRIES**

**BETH HAVEN CHRISTIAN SCHOOL**

**BETH HAVEN CHILD DEVELOPMENT CENTER**

**5515 Johnsontown Rd. • Louisville, KY 40272**

**BethHaven.com**

## **REQUEST FOR RECORDS**

In compliance with the federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to Beth Haven Christian School of all educational, social, and/or psychological information for the student named below.

### **Authorization and Permission to Release Medical, Educational, Disciplinary, and/or Psychological Information**

#### **To Parents:**

Please complete the information below:

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

Phone of school: \_\_\_\_\_ Fax of school: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

#### **To Principal or Guidance Counselor:**

Thank you for providing **ALL** of the following documents:

- Transcript for all grades including most recent
- All Standardized test results
- Any special testing results or placement in special programs
- All medical records including immunization certificate, physical, and eye/dental screenings
- All disciplinary records or official statement of disciplinary action

**Phone: 502-937-3516 • Fax: 502-937-3364**