

Christ the King School
Student Record Request Form



- **Complete a separate request form for each student**
- **Mail form & records to:**
Christ the King School
7324 Balson Avenue
University City, MO 63130
- **Or Fax to: 314-725-5981, attention of: Caroline McCarthy & Jordan Parks**

I hereby authorize the release of records, documents, or other information concerning _____, DOB: _____ from _____ (*current school*) to Christ the King School. This release covers all school records, including but not limited to, records pertaining to discipline, expulsions, suspensions, attendance, grades, transcripts, testing results, and any accommodation and/or modifications.

Date: _____

Signature: _____

Print full name: _____ Relationship to student:

Phone Number:

Email address: