

Tyro Community Christian School

PO Box 308, Tyro, KS 67364

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Authorization to Request and Release Cumulative and Health Records

Name of Pupil _____
Last First Middle

Birth Date _____ Grade _____

Prior School: Request for Records – Please Mail

Name of Previous School

Mailing Address

City and State Zip Code

I, the parent or legal guardian of the above named pupil, authorize the Tyro Community Christian School to request from other school districts or educational agencies the cumulative and health records of the above named pupil. I further understand that a copy of these records are available upon my written request, such records to be subject to interpretation as necessary by competent school personnel.

Signature of Parent/Legal Guardian Relationship

Address

City and State Zip Code

Date