



## Record Release Form

Receiving counselor,

\_\_\_\_\_ has enrolled with Mountain View Christian Home School in the \_\_\_\_\_ grade.

Please forward all academic records to:

**Mountain View Christian Home School  
32 North Elijah Drive  
Nampa, ID 83651**

Thank you for your cooperation.

Melissa Reynolds  
MVCHS

### PERMISSION FOR RELEASE OF SCHOOL RECORDS

I hereby grant permission for:

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

to release any records to Mountain View Christian Home School where my student is currently enrolled.

\_\_\_\_\_  
Student (Last, First)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date