Form 6

Records Authorization 2010/2011

Smyrna Christian School
PO Box 159
Smyrna, DE 19977
302.653.2538

I, _____ authorize Smyrna Christian School to
(Parent or Legal Guardian)

(obtain/furnish) all school records (from/to) _____
(name of school)

_____
(address of school)

for _____.
(name of student and grade)

I understand that all records are confidential and used for school purposes only.

_____ _____
Signature of Parent Date

_____ _____
Signature of School Official Date