



華人基督教學校

Chinese Christian Schools

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1801 North Loop Road, Alameda, CA 94502 (510) 522-0200 Fax: (510) 522-0204 www.ccs-rams.org

AUTHORIZATION TO RELEASE REFERENCE INFORMATION (including academic, medical, psychological, and disciplinary records)

_____ has made application to enroll in **Chinese Christian Schools** . As parent or guardian, I have authorized Chinese Christian Schools to thoroughly investigate references, academic records, evaluations, discipline, and other matters related to my child's suitability for enrollment.

I authorize references and staff from my child's former school(s) to disclose to Chinese Christian Schools any and all academic records, progress reports, disciplinary, medical or psychological reports, and other information related to my child's academic and school life, without giving me prior notice of such disclosure.

In addition, I hereby release the **Chinese Christian Schools**, my child's former school and their staff, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to **Chinese Christian Schools** .

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Current Grade

Parent or Guardian's Signature

Date

Applicant's Birth Date

Social Security Number