



**AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION**

**Parent: Submit this release to the applicant's current/former school most recently attended.**

This form may also be provided to additional professionals who will need a release to communicate information to MPCS.

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Current Grade Level: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current/Former School/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

I hereby authorize and request the release of **ALL** educational, disciplinary, medical, social, and/or psychological information regarding the applicant and release the above from all liability and all claims pertaining to the disclosure of this information:

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Registrar: Send the following to Mount Paran Christian School to the attention of the Admission Office:**

- ◆ **ALL** disciplinary records
- ◆ Transcripts for the current and past three years
- ◆ Standardized testing for the current and past three years
- ◆ Attendance records

*Mount Paran Christian School is dedicated to a policy of non-discrimination on the basis of race, color, age, birth gender and national/ethnic origin in the administration of its educational policies, admission policies, financial assistance policies and other school-administered programs.*