Charlotte Christian School

Records Release Form

(This form is required for **ALL** records release EXCEPT transcript requests for current student college applications and athletic recruiting.)

Please allow two weeks for all requests.

Check one: ____ Currently enrolled CCS Student; current grade level: _____
____ Alumni of CCS; year of graduation: _____
____ No longer enrolled at CCS; last year attended CCS: _____

I authorize Charlotte Christian School to send a copy of

_____'s
First Middle Last

transcript, standardized test scores, and pertinent records to the school(s) listed below.

Student or Alumni Date of Birth: _____

Current Phone Number: _____

_____
Parent or Alumni Signature Required

Please send records to the following (school name & address):

_____

_____

_____

_____

Fax your completed form to 704-366-5678, Attention: Business Office or mail to:
Charlotte Christian School Attn: Business Office 7301 Sardis Rd. Charlotte, NC 28270

Internal Use Only:

Date Request Received: _____
Business Office Approval: _____ Date Records Sent: _____

Notes:

- ❑ LS
- ❑ MS
- ❑ US