



MIDDLE TENNESSEE CHRISTIAN SCHOOL

REQUEST FOR CONFIDENTIAL RECORDS

*This is not a withdrawal form. Copies of records are for the application process.

TO PARENTS OF THE APPLICANT:

Please complete the authorization below and submit it to the student's CURRENT school. Potential students will not be considered for acceptance until records are received by MTCS.

Authorization of Release for Educational Records

Student's Name: _____ Grade: _____

Birth Date: _____

Most Recent School Attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consents to release to Middle Tennessee Christian School (MTCS) all educational records and other information as may be requested about the above-named individual.

Parent Signature: _____ Date: _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

We appreciate you promptly sending **a copy** of the following documents:

- Transcript & Latest Grades
- Standardized Test Results
- Disciplinary Records (if applicable)
- Birth Certificate
- Any Special Testing Results or Placement in Special Programs
- Certificate of Immunization & Health Records

PLEASE MAIL TO: Admissions Office
Middle Tennessee Christian School
100 E. MTCS Road
Murfreesboro, TN 37129

FAX TO: 615-962-9403 ATTN: Admissions Office

EMAIL: monicahelton@mtcscougars.org

QUESTIONS? Contact the Admissions Office at 615-893-0601 Ext. 115