



**TRI-CITIES CHRISTIAN SCHOOLS**  
**TRANSFER RELEASE FORM**

I hereby authorize \_\_\_\_\_ to release  
(Name of School)

A copy of my records to:

**Elementary Students send to:**

Attn: Elementary Admission Department  
1500 Highway 75  
Blountville, TN 37617-5133  
423-573-9505 Fax: 423-573-9507

**Junior/Senior High School Students send to:**

Attn: Jr/Sr High Admission Department  
1500 Highway 75  
Blountville, TN 37617-5133  
423-323-7128 Fax: 423-323-8298

The student referenced below has applied for admission to Tri-Cities Christian Schools. Please fax his/her current education record. Send an official copy of student records to the department listed above and include the information listed below.

Standardized Testing/including Gateway Test Results  
ACADEMIC Grades with Grading Scale  
Discipline Records

Birth Certificate  
Immunization Records  
Attendance Records

Name of Student: \_\_\_\_\_

Birthday: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Upon the student's acceptance to Tri-Cities Christian Schools, we will notify you to send the official records.

Tri-Cities Christian Schools is accredited by the Tennessee Association of Christian Schools as an Agency Approved Tennessee Private School. Tennessee Department of Education Private School #010

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final rule on Education Records, Federal Register, June 17, 1976, Vol. 4, No. 118, Page 2473)