



Date: _____

REQUEST FOR TRANSFER OF CONFIDENTIAL INFORMATION

Student's Name

Date of Birth

NORTH IDAHO CHRISTIAN SCHOOL authorizes the transfer of confidential information regarding the above named student from the below named school:

Name of school releasing records

School address

City

St & Zip Code

Phone #

Email for Registrar

The following information is requested:

- Cumulative File / Official signed transcript
- Grades at time of withdrawal
- Standardized Test Scores (i.e. Idaho ISAT's)
- Immunization record
- Birth Certificate
- Athletic physical, if available
- Special Services File, if applicable

The above named student is transferring to North Idaho Christian School. Please send the requested information to:

REGISTRAR

North Idaho Christian School

251 W. Miles Avenue

Hayden, ID 83835-9622

Fax#: 208-719-3000

Confidential information will be transmitted to a third party only upon prior parental written consent.

Signature of Parent/Legal Guardian

Date

Signature of School Official