

**RECORD RELEASE FORM**  
**SMITHTOWN CHRISTIAN SCHOOL**

This form must be sent directly to your home school district.

Please do not return to SCS.

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby grant authorization for the release of the following related to my child named above.

- Official current, final school year and cumulative academic records
- Standardized test results
- Cumulative health records, files and related data

Please send to:

Smithtown Christian School

1 Higbie Drive

Smithtown, N.Y. 11787

Phone: 631.265.3334

Fax: 631.265.1079

Please send current as well as all final school year academic records, standardized test results, and cumulative data.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_