

PERMISSION TO RELEASE INFORMATION

I give the school personnel at _____
permission to release all pertinent educational information (verbal and
written) on my child _____ to
the administration at Calvary Road Christian School.

Former School _____ Request Date _____

Address _____

School Phone Number _____ School Fax Number _____

Parent Signature

Date

Calvary Road Christian School

6811 Beulah Street • Alexandria, VA 22310

(703) 971-8004 • Fax (703) 971-0130

www.crcs.org

Kevin M. Lewis, Administrator