

PERMISSION TO RELEASE INFORMATION

I give the school personnel at _____ school permission to release all pertinent education information (verbal and written) on my child to the administration at Calvary Road Christian School. Institution's address _____, fax number _____, telephone _____.

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