



Okinawa Christian School International

CONSENT FOR RELEASE OF STUDENT RECORDS **AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS**

STUDENT INFORMATION

NAME:

SCHOOL:

PARENT/LEGAL GUARDIAN :

USE and DISCLOSURE INFORMATION:

I, the undersigned , do hereby authorize permission to disclose and deliver the complete education records maintained under the above student's name including but not limited to the following:

- [] Grades and Transcripts
- [] School Health Records
- [] Standardized test scores
- [] Discipline / Behavior Records
- [] Special Education Records (IEP, 504), if applicable

The Student Records checked above shall be delivered to:

Okinawa Christian School International

Address: 1835 Zakimi, Yomitan, Okinawa 904-0301 JAPAN

Phone: 011-81-958-3000 Email: admissions@ocsi.org

Approval:

My authorization for the use and disclosure of the information identified above is voluntary. I understand that, upon my request, I am entitled to a signed copy of this authorization form. I acknowledge that I may revoke this consent for release of student records in writing at any time by sending such authorization to the school office with which I filed the original consent form.

Signature of Student's Parent/Legal Guardian

Date