



# VAIL CHRISTIAN HIGH SCHOOL | OFFICIAL RELEASE OF STUDENT INFORMATION

**PARENTS:** Please complete the information requested below and return it with your registration materials.

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of Present/Most Recent School:** \_\_\_\_\_

**School Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

I hereby authorize the school listed above to release my student's transcript of grades, standardized or special testing results and any individual education program (IEP) results to:

Vail Christian High School | Attn: Admissions Office | 31621 Hwy 6 Edwards, CO 81632

Phone: (970) 766-4125 | Fax: (970) 569-3047 | Email: [kmaslan@vchsweb.org](mailto:kmaslan@vchsweb.org)

My signature authorizes the release of all such information as specified above. I understand that this material will be treated in a confidential manner and will be used for the purpose of possible admission to Vail Christian High School.

Parent(s)/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_