



## CONSENT TO RELEASE SCHOOL RECORDS

### RECORDS TO BE SENT TO:

OV Christian Academy & Preschool  
9504 Selby Place  
Norfolk, VA 23503  
757-583-5706 (fax)

### RECORDS ARE REQUESTED FROM:

---

(Name of School)

---

(Address)

---

(City, State, and Zip Code)

---

(phone number)

---

(fax number)

I understand these records have been sent or give my permission to send records as requested above.

---

Name of Student

---

Date of Birth

---

Parent/Guardian Signature

---

Date

The "Family Education Rights and Privacy Act 1974" requires notification to parents, or students over 18, for an authorized signature to release school records to anyone requesting information.