



# Covenant Life School

7503 Muncaster Mill Road,  
Gaithersburg MD 20877  
301-869-4500

## STUDENT RECORD RELEASE AUTHORIZATION

INSTRUCTIONS: This form is to be used to request the transfer of student records. **The parent/guardian should complete the following information and give this Record Release Authorization to the school releasing the records (not Covenant Life School).**

1. Student's Name for Whom Records are Requested:

\_\_\_\_\_  
Last                      First                      MI                      Grade                      Date of Birth

2. School to Send Records:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip Code

3. School to Receive Records:

**COVENANT LIFE SCHOOL  
7503 Muncaster Mill Road  
Gaithersburg, MD 20877  
Attn: Admissions Dept.**

**Email:  
admissions@clsemail.org**

4. Authorization:

I give permission for Covenant Life School to receive academic, health and confidential records for my child named above and for the above-named school to release those records.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date