

**Harford Christian School**  
**Authorization to Release Pupil Records**

**Name of student:**

**Date of Birth:**

**Name/Address FROM whom records are being requested:**

**Name/Address TO whom records are being sent:**

Harford Christian School

1736 Whiteford Road

Darlington, MD 21034

Attn: High School Secretary 410-457-5103 Ext. 4300

**Description of Records:**

**School and Health**

**Confidential (sensitive)**

**Special Education**

**Psychological**

**I authorize the release of records indicated above:**

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**Parent/Guardian/Eligible Student**

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**Date**