



*Ben Lippen School seeks to glorify God by assisting the family and church in equipping students spiritually, academically and socially under the Lordship of Jesus Christ.*

## Ben Lippen School Authorization of Release of Educational Records

Please complete the authorization below and send it to your former or current guidance counselor, instructional lead teacher, or principal.

<b>Student's Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Grade</b>
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In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Ben Lippen School of all educational records about the above-named individual who is applying to BLS, including recommendations and such other information as may be requested.

<b>Date</b>	<b>Signature of Parent/Legal Guardian</b>
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**TO PRINCIPAL, LEAD TEACHER OR GUIDANCE COUNSELOR:**

The student named above has made application for admission to Ben Lippen School. We would appreciate your promptly sending us the following:

1. A transcript of the student's record to date, including grades for courses in progress
2. A copy of the student's test profile
3. All health records, including immunization, vision and hearing tests
4. A copy of the student's discipline record
5. If applicable, please provide a copy of all Psychological reports, Individual Educational Plan, or Special Education Placement forms
6. Please note whether or not this family has any outstanding balances owed to the school

***If this student is admitted to Ben Lippen School, at the termination of the school year we shall request a final transcript of the student's record. Please hold this authorization form on file so that a second form will not be necessary at that time.***

Please mail all information to:

**Enrollment Department  
Kelly Adams  
Ben Lippen School  
7401 Monticello Road  
Columbia, SC 29203  
803-807-4410**