



Authorization to Release Financial Records

North Clackamas Christian School (NCCS) will not enroll any student unless that student has a “zero balance” financial account at the school the student attends or attended prior to applying for admission to NCCS.

Please complete this form and mail it to the school where your child(ren) is/are attending or did attend.

Your child(ren)’s application for admission to NCCS will not be considered until this information has been received and reviewed by our office.

School/Agency _____ Date of this Request _____

Address _____

City _____ State _____ Zip _____

Telephone () - _____ Fax () - _____

AUTHORIZATION

My signature signifies that I hereby grant permission to and authorize the organization named above to release information about my financial account(s) with that organization to North Clackamas Christian School. I understand that my child(ren) will not be permitted to enroll in or attend NCCS until and unless my accounts at the previous school are clear and nothing is owed to that school. I understand my right to review these records.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () - _____ FAX () - _____

SIGNATURE _____ Date _____

Concerning the financial account(s) at this school for the family named above:

___ Current: account(s) is/are clear; they owe us nothing.

___ NOT Current: account(s) is/are not clear; they owe us the following:

Amount owed: \$ _____ For: _____

Payment history On-time Late 1-2 times Late 3-6 times Late 7-12 times

Business Manager’s Signature _____ Date _____

Please mail or fax this form to the address below.

***This document is essential to the above mentioned family’s enrollment process.
Thank you for expediting this request!***

File: U:\EL-Office-Mgr\MASTER FORMS\APPLICATION PACKET\FINANCE Release Information Family Account FORM 1.wpd