



# OVERLAND CHRISTIAN SCHOOLS ATHLETICS

## Academic Records Access Permission Form

Student-Athlete's Name \_\_\_\_\_ School Year \_\_\_\_\_

Sport(s) Played \_\_\_\_\_

*Parent or Legal Guardian:*

Please sign below to give OCS administrative personnel permission to share your child's current academic status, including current class grades, with athletics department personnel, including coaches. Your signature also indicates that you recognize some OCS coaches are volunteers, not employees of OCS. This form should be returned to the athletics director. This form is valid only for the school year listed above. You may rescind your permission at any time by providing written notice to the athletics director.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

7401 Metcalf Avenue • Overland Park, Kansas 66204 • 913.647.8729 • [www.overlandchristian.org](http://www.overlandchristian.org)



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