

# Central Christian School

- Accredited - ACSI
- Daycare
- Pre-school
- Grades K-12

## REQUEST FOR SCHOOL RECORDS

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_ has applied at Central Christian School.  
The records and information provided by this student indicates that your school was the last school in which he/she was enrolled.

PLEASE SEND THE STUDENT'S CUMULATIVE FOLDER, INCLUDING A TRANSCRIPT OF GRADES OR ACADEMIC PLACEMENT AND PROGRESS, PSYCHOLOGICAL EVALUATIONS, STANDARDIZED TEST SCORES, HEALTH RECORDS, AND ATTENDANCE INFORMATION.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent, Guardian or Eligible Student\* Signature) (Date)

\*Eligible student means a student who has attained eighteen years of age, or is attending an institution of post-secondary education.

I understand that I may receive a copy of all the records or data to be released. I do \_\_\_ do not \_\_\_ want a copy. It is understood that a charge MAY be made for any copy or reproduction of these records.

### THIS SPACE FOR SCHOOL USE ONLY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Request Received)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date Records Release to Third Party)

REMARKS:

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