



GORMAN
CHRISTIAN ACADEMY

Equipping for Life, Prepared for Eternity!

REQUEST FOR SCHOOL RECORDS

Date: _____

Dear Registrar: Please forward the following student's records to our office at the address below.

_____, entering _____
(Student's Name) (Grade)

Please provide a copy of the cumulative folder including report cards, standardized testing records, legal documents, special psychological tests, confidential data, birth certificate, copy of social security card and any health records you may have.

Thank you for your prompt attention.

Sincerely,

Mr. Tom Rider
Head of School

I hereby authorize the officials of my child's former school to release all pertinent student record information.

Parent Signature: _____ Date: _____

Last School Attended: _____

School Address: _____

City, State, Zip: _____

1 st Request _____
2 nd Request _____
3 rd Request _____