

Request for Student Records

Date: _____

To: _____
Name of School

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|--------------|------------|
| Phone Number | Fax Number |
|--------------|------------|

The following student(s), formerly enrolled in your school, have recently enrolled at our school. Please furnish to Hudson Valley Christian Academy any information, without restriction of any kind, from their records as soon as possible.

| | |
|---------------------|--------------|
| <u>Child's Name</u> | <u>Grade</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Permission to release information:

I hereby give my consent for the release of my child's records to Hudson Valley Christian Academy.

| | |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

Your cooperation in sending these records at your earliest convenience will be greatly appreciated.

Sincerely yours,

Martha Burton
Principal
Hudson Valley Christian Academy