



Request for Student Records

Date: _____

To: _____
(Name of school)

School Address: _____

School Phone: (_____) _____

School Fax: (_____) _____

The following student, formerly enrolled in your school, has recently enrolled at Hudson Valley Christian Academy. Please furnish to Hudson Valley Christian Academy any information, without restriction of any kind, from this child's records as soon as possible.

Child's Name: _____ Grade: _____

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/Guardian: _____ Date: _____

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

Sincerely yours,

Maija Murry
Principal
Hudson Valley Christian Academy

Hudson Valley Christian Academy
P.O. Box 135
Mahopac Falls, NY 10542
Phone: (845) 628-2775
Fax: (845) 621-9135