



REQUEST FOR SCHOOL RECORDS FORM

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

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The above named student has enrolled in The Dadeville Christian Academy for the \_\_\_\_\_ school year.

Please send this student's educational records, including:

- cumulative records
- transcripts
- standardized testing
- psychological testing
- health information (immunizations)
- IEP
- date of withdrawal

Please send the above information to The Dadeville Christian Academy. I waive my rights to review these records before they are forwarded to this school.

Please send the above information to:

Dadeville Christian Academy  
P.O. Box 677  
Dadeville, Al 36853  
(256) 596-3411  
tammysalinas@charter.net (email Administrator)

Parent/Guardian \_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)

Administrator \_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)