



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 Dadeville Christian Academy. I hereby waive my right to review these records prior to their being forwarded to the school.

Please send the above information to:

Dadeville Christian Academy
800 Horseshoe Bend Rd.
Dadeville, AL 36853
(256) 596-3411 or (256) 794-1546
tammysalinas@charter.net (email Administrator)

Parent/Guardian _____
(print)

(sign)

Administrator _____
(print)

(sign)