



Processed: _____	Date: _____
Cleared Financials: _____	Date: _____

HIGHLAND CHRISTIAN ACADEMY

RECORDS REQUEST

Records Request for _____
(Student Name)

..

The following records are requested:

____ Transcript/Cumulative Records

____ Health Records

____ Assessment Test Scores

____ Achievement Scores

(Signature of Parent or Guardian)

Send Records to:

School Name _____

School Address _____

