



ACT Christian Academy
c/o Kelly Latham
600 Greene Drive
Greenville, KY 42345

REQUEST FOR STUDENT RECORDS

Name of Student: _____

Date of Birth: _____ Present Grade: _____

Former School: _____

School Address: _____

School Telephone Number: _____ School Fax Number: _____

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Please release to ACT Christian Academy, and its representatives, all school records including

the following information on my child, _____.

- General cumulative folder data
- Behavioral evaluation
- Medical records
- Copy of birth certificate and social security card
- Specialized test data

The purpose of the request for student records is to provide ACT Christian Academy with up-to-date

information for admission into The Christian Academy and/or instructional purposes. This release

authorizes the staff, teachers, and/or counselors of _____

to discuss this student with the staff and/or administration of ACT Christian Academy.

Signature of Parent/Guardian

Date

Address of Parent/Guardian: _____
