



Dominion Christian School

Knowledge. Truth. Wisdom.

REQUEST FOR STUDENT RECORDS

DATE

NAME OF LAST SCHOOL ATTENDED

ADDRESS

CITY

STATE

ZIP

Dear Sir or Madame:

The following student has applied to attend Dominion Christian School for the _____ school year:

FIRST NAME

MIDDLE NAME

LAST NAME

At your earliest convenience, please send a copy of all pertinent information contained in this student's records:

- Scholastic Records
- Standardized Test Scores
- Psychological/Sociological Reports (including ADD, ADHD, speech or other learning difficulties)
- Attendance Records
- Health Records
- Statements of teachers or administrators to student's file concerning any discipline problems

Thank you for your prompt handling of this student's records.

Sincerely,

Dominion Christian School

I hereby authorize the release of the information listed above.

PARENT SIGNATURE

(or Guardian)

DATE