

# Abundant Life Christian Academy

## REQUEST FOR STUDENT RECORDS

To: \_\_\_\_\_ School

Street Address

City

State

Zip

The students listed below have enrolled at our school. Please send the cumulative academic records, including immunizations, health records, report cards, test data and guidance record.

Last Name	First	M.	Grade	DOB / /
Last Name	First	M.	Grade	DOB / /
Last Name	First	M.	Grade	DOB / /

If this student left during the school year, please include grades and grade level at time of leaving.

I hereby authorize release of the above records.

\_\_\_\_\_ I authorize to have these records faxed. I understand that should the records be inadvertently transmitted to an unauthorized recipient, through no fault of the sender, I hereby waive any claim against the sender and agree not to hold the sender responsible for damage, if any, arising from the faulty transmission.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

**Please send to:**

Abundant Life Christian Academy

1720 N "J" Street

Las Vegas, NV 89106

Phone: 702.647.2627

Fax: 702.647.5326