

_____ Date Mailed
_____ Requested by



Request for Records

Previous school attended _____

Mailing Address _____

City _____ State _____ Zip _____

_____ has enrolled at Oklahoma Christian Academy.
Student's Full Name

His / Her date of birth is _____.

Please send us a transcript of this student's records, including the following:

- Transcript of all work completed, including credits to date
- Withdrawal grades
- Results of any tests given to students (standardized, confidential tests)
- Health records, immunization records
- Attendance records
- Birth certificate

I hereby authorize _____
(Name of Former School)

to release the academic records of said student to Oklahoma Christian Academy.

Date

Parent or School Official's Signature

The above information is requested in accordance with Public Law 93-380, the Federal Law protecting the privacy of student's records.