

RIVER CREST ACADEMY
Request for School Records

Name of School Attended:

Fax No:

School Address:

City: _____ State: _____ Zip: _____

Please send all school records for the following student(s), who is currently enrolled in _____ (school) within the _____ (School System). We would need cumulative records, testing, immunization records, and any other pertinent information which will enable us to assess the student's ability and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades.

Full Name of Student

Last grade completed

Please forward said records to: RIVERCRESTACADEMY@GMAIL.COM

River Crest Academy

P.O. Box 325

Hope Hull, AL 36043

PH (334) 398-2008

I do hereby authorize River Crest Academy to receive all school records regarding the student(s) listed above. We, the parent/legal guardian, hold both schools harmless for any problems that may arise from the transaction of this request.

Parent/Legal Guardian Signature

Date

Signature of Administrator

Date