



Covenant Christian Academy  
*a ministry of Covenant Community Church*

## RECORDS TRANSFER REQUEST

<b>DATE:</b> _____
<b>STUDENT NAME:</b> _____ <b>GRADE:</b> _____
<b>PREVIOUS SCHOOL:</b> _____
<b>ADDRESS:</b> _____ _____

Dear Principal:

This is to request and authorize the release of the records of the above named student who is now enrolled in Covenant Christian Academy. Records requested for release are cumulative school records, health records, psychological records, and any other records pertinent to the above named student.

Send records to: <b>COVENANT CHRISTIAN ACADEMY</b> <b>P.O. BOX 951958</b> <b>LAKE MARY, FLORIDA 32795-1958</b>
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PARENT/GUARDIAN SIGNATURE

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PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE