



Covenant Christian Academy
a ministry of Covenant Community Church

RECORDS TRANSFER REQUEST

DATE: _____
STUDENT NAME: _____ GRADE: _____
PREVIOUS SCHOOL: _____
ADDRESS: _____ _____

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: **COVENANT CHRISTIAN ACADEMY**
P.O. BOX 951958
LAKE MARY, FLORIDA 32795-1958

PARENT/GUARDIAN SIGNATURE

PRINCIPAL/ASSISTANT PRINCIPAL SIGNATURE