



## Request for Student Records

**PARENT OR GUARDIAN:**

This form should be directed to the Guidance Office/Student Records Office at your child's current school.

**Student Name**

\_\_\_\_\_

first name

middle name

last name

\_\_\_\_\_

current grade

date

I hereby authorize \_\_\_\_\_ to release a copy of the following records

student's current school

to Legacy Christian Academy:

- ◆ All official academic records, including most recent progress reports
- ◆ Standardized test scores
- ◆ Health records
- ◆ Attendance records
- ◆ Disciplinary records
- ◆ Psychological testing and evaluation, if any
- ◆ Individual education plans or special education evaluation, if any

\_\_\_\_\_

signature of parent/guardian

date

**TO THE GUIDANCE OFFICE/STUDENT RECORDS OFFICE:**

Legacy Christian Academy requests copies of the above information to evaluate admissions requirements. Thank you for your prompt response to this request.

**PLEASE FORWARD RECORDS TO:**

Office of Admissions  
Legacy Christian Academy  
3037 Bunker Lake Blvd. NW  
Andover, MN 55304  
Phone: 763.427.4595  
Fax: 763.427.3398