

DATE: _____

Dear Student Records Director:

The following student from your school have enrolled at Ambassador Christian Academy:

NAME

GRADE ASSIGNED

We would like to request that you forward school records to us as soon as possible. These records should include cumulative records, health records, standardized test scores, special reports containing placement recommendations, results of group and individual evaluations, child study team records and any other information which you would consider essential to our best understanding of the educational needs of the child.

Thank you for your consideration in this matter.

Sincerely,

Christina Hutchings
Administrator

I hereby authorize the release of all school records to Ambassador Christian Academy, including psychological and standardized testing of my child.

PRINT NAME

PARENT or GUARDIAN SIGNATURE

DATE