

STUDENT RECORDS REQUEST

Dear Counselor:

Please release the academic, health and medical records of the student listed below to the below named receiving school. Also, if available, behavioral reports, as well as standard test results.

Thank you very much.

Student's Name: _____

School Presently Attending:

I/We, the undersigned Parent(s)/Guardian(s) of the student named above do hereby authorize the release of academic records to:

School Receiving Student:

Cornerstone Baptist Academy
1210 E. 62nd St.
Chicago, IL 60637

Father/ Guardian

Date

Mother/ Guardian

Date