

Golden Branch Christian Academy
5167 Mariner Blvd, Spring Hill FL 34609 352-556-5227

REQUEST FOR STUDENT RECORDS

Please send us the record of:

Student's Name: (Please Print)

Last First Middle Student I.D. No.

Current Address

City State Zip Code

Area Code - Phone Number

Date of Birth Place of Birth

Year(s) Attended Grade Level Attended

School Transferring From:

School Name

School Address

I hereby authorize the release of all the information on the named student to Golden Branch Christian Academy.

Please include:

1. Up-to-date transcripts (including date of entry/withdrawal, grading scale, all subjects and grades to date of withdrawal).
2. Any psychological or special placement data (ESE etc).
3. Health Records (including physicals, immunization records, and birth certificate).
4. Discipline Report, indicating all referrals for the current school year.

Signature of Parent/Guardian or Individual if Age 18 or Older

Date