



## Heritage Christian Academy

8349 Eagle Way  
Hopkinsville, KY 42240  
Phone: 270-885-2417  
Fax: 270-885-0094

### REQUEST FOR STUDENT RECORDS

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Grade \_\_\_\_\_

Former School \_\_\_\_\_

School Address \_\_\_\_\_

Street

City, State

Zip

Phone \_\_\_\_\_ Email/Fax \_\_\_\_\_

Please release to Heritage Christian Academy, and its representatives, all school records including the following information on my child(ren) \_\_\_\_\_

- General Cumulative Folder Data
- Behavior Evaluation
- Previous and/or current teacher's recommendation (paper included to be filled out and returned)
- Medical Reports
- Copy of Birth Certificate and Social Security Card
- Specialized Test Data

The purpose of the request for student records is to provide Heritage Christian Academy with up to date information for admission into HCA and-or instructional purposes. This release authorizes the staff, teachers, and/or counselors to discuss this student with the staff and/or administration of HCA.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Parent/Guardian