



## **HERITAGE CHRISTIAN ACADEMY**

8349 EAGLE WAY BYPASS  
HOPKINSVILLE, KY 42240  
(270) 885-2417  
WWW.HCAHOPKINSVILLE.ORG

### **REQUEST FOR STUDENT RECORDS**

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

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please release to Heritage Christian Academy, and its representatives, all school records including the following information on my child:

- General Cumulative Folder Data
- Behavior Evaluation
- Previous and/or current teacher's recommendation
- 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

Please e-mail records to: [j.blanchard@hcahopkinsville.org](mailto:j.blanchard@hcahopkinsville.org)