



Request For Records

Date Sent _____

To the Principal or Registrar of the previous school:

PREVIOUS SCHOOL _____

ADDRESS OF PREVIOUS SCHOOL _____

CITY, STATE, AND ZIP CODE _____

Student Name _____

Date of Birth _____

Has recently enrolled in the _____ grade

Please forward to: Victory Christian Academy
618 West Ripa Avenue
Saint Louis, Missouri 63125

- Academic Records (including final grades and standardized test scores)
- Health Screening and Immunization Records
- Attendance Records
- Discipline/Behavior Records
- Special Education Records (including IEP, psychological or diagnostic evaluations)
- Educational/Psychological Evaluation Reports

I authorize the release of all student information, records, and documents for my child/children listed above.

Signed _____
(Parent or Guardian)

Sincerely,

Doug Rose
Administrator