



CHRISTIAN FAMILY ACADEMY

OFFICIAL REQUEST FOR STUDENT RECORDS

To _____
Email _____
Fax _____

From Christian Family Academy
4643 County Home Road
Conover, NC 28613
Telephone: (828) 256-8474
Fax: (828) 256-0132

office@christianfamilyacademy.org

The following student has applied to Christian Family Academy. Please send to the above address any transcripts regarding this student as soon as possible. Thank you for your help.

Name of Student: _____ Grade: _____

Parent/Guardian's Permission for the Release of Transcripts

I give permission to release my child's transcripts to Christian Family Academy.

Print Name

Signature