



## Official Request for Student Records



To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From: Christian Family Academy  
3612 Falling Creek Road  
Hickory, NC 28601  
(828) 256-8474**

The following student is making application to Christian Family Academy. Please send to the above address any transcripts, testing, and reports 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/We give permission to release my/our child's transcripts to Christian Family Academy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature