

## STUDENT RECORDS REQUEST FORM

*Parents, please complete, sign and  
return to the school office for processing.*

TO: \_\_\_\_\_  
*(students previous school)*

\_\_\_\_\_  
*(school address)*

\_\_\_\_\_  
*(city, state, zip)*

\_\_\_\_\_  
*(phone number)* *(fax number)*

**We are requesting academic and health records for the following student:**

\_\_\_\_\_

*Please mail or fax records to:*

**Grace Christian Academy**

7230 Quivira Road

Shawnee, KS 66216

913.268.6300

fax: 913.268.6307

\_\_\_\_\_  
*(Parent signature)*

\_\_\_\_\_  
*(Date)*