



**All Nations
Christian Academy**

SCHOOL RECORDS RELEASE FORM

To: _____

School Name

From: _____

Parent Name

Date: _____

Fax: _____

Subject: School Records

Dear sir/madam:

I have applied to enroll my child _____

at *All Nations* Christian Academy. My child completed _____ grade at your school.

I would like to request that all of my child's academic, health, and other records be sent to the following address:

All Nations Christian Academy

358 Lenox Street

New Haven, CT. 06513

Thank you in advance for your assistance in this matter.

Sincerely,

Parent signature