

# STUDENT RECORD REQUEST

Date: \_\_\_\_\_

## RELEASING SCHOOL

School Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Counselor:

The following student(s) have applied for enrollment at Heartland Baptist Academy. To aid in our enrollment decision, we would ask that you provide us a copy of their current transcript for our review. If accepted, we will respond with a Student Record Release form requesting a final transcript and other necessary paperwork. Thank you.

*Name of Student*

*Date of Birth*

*Current Grade Level*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Signature of Parent or Guardian*

*Signature of Receiving Principal*



## ACCEPTING SCHOOL

Heartland Baptist Academy  
4700 NW 10<sup>th</sup> Street  
Oklahoma City, OK 73127  
PH: 405-943-9330  
FAX: 405-943-9434