

Student Records Request

for Dublin Christian Academy



form **DU-26**

Student Name

Last Name

First Name

Records Request

The student above has made application to Dublin Christian Academy. A copy of the permanent records including grades, test scores, health records and other pertinent guidance information would be appreciated at your earliest convenience.

Parent or Guardian Permission

I hereby give permission for all student records of the student named above to be released to Dublin Christian Academy.

Parent/Guardian Signature

Date

Submission

Please complete and submit to your current school.



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