



Records Request Form

DIRECTIONS: Please withdrawal the student listed below as of: _____

MAIL RECORDS TO:
Central Florida Academy
1626 West Airport Boulevard
Sanford, FL 32773

Authorizing Parent: _____

Parent Signature: _____

Last Name: _____ First Name: _____ Middle: _____

DOB _____ Daytime Phone: _____

Requested Withdrawal Date: _____

**Records
Requested:**

Official Withdrawal Form

Copy of Birth Certificate

Copy Immunizations Record

Last Report Card

Official Transcript

Copy of IEP

Copy of Social Security Card

Copy of Health Physical

Discipline Record

Email: info@centralfloridaacademy.com Website: www.centralfloridaacademy.com

(321)363-0063