

CAPITAL CHRISTIAN ACADEMY

International School of Science, Engineering, Technology & The Arts
www.ccastorm.org

8401 Good Luck Road, Lanham, MD 20706
Phone: 240-223-2467
Fax: 240-554-4426

RECORDS REQUEST

Name of Student: _____ Date of Birth: _____

School Attended: _____

School Address: _____


City: _____ State: _____ Zip: _____

Grade: _____

I am requesting that the following school records for my child be released:

- | | |
|--|--|
| <input type="checkbox"/> Official Permanent Transcript | <input type="checkbox"/> Grades Including Report Card |
| <input type="checkbox"/> Grade to Present Date | <input type="checkbox"/> Standardized Test Data |
| <input type="checkbox"/> Immunization Records/Health Records | <input type="checkbox"/> IEP (Most Current) |
| <input type="checkbox"/> Speech, Language and Hearing Evaluation | <input type="checkbox"/> Any Other Useful and Pertinent Data |

and transferred to:


Capital Christian Academy
Attn: School Records
8401 Good Luck Road, Lanham, MD 20706
P: 240-206-7428 Fax: 240-554-4426

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

1st Request 2nd Request

Records transferred by authorization of this release will not be released to another person, out-of-district school, or agency other than the one listed above without written notification to the parent or guardian.