



Request for Academic Records

Records to be released from:

School Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Dear Admissions Director,

Our school has received an application for the following student(s):

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

As requested by the children(s) parents, please send a copy of all academic records for these student(s) to:

Grace Classical Academy
2416 Creswell Road
Bel Air, MD 21015
Attention: Admissions

Parent Signature

Date
