

AMERICAN CHRISTIAN ACADEMY

STUDENT RECORD RELEASE REQUEST

RELEASING SCHOOL

School Name

Contact Person

Address

City State Zip

Telephone Number: Fax Number:

To School Clerk:

My child has been withdrawn from your school. Please release his/her academic and health records to the following school. Thank You.

ACCEPTING SCHOOL
American Christian Academy
13835 N. Tatum Blvd. Ste. 9-164
Phoenix, AZ. 85032
Attn: School Registrar (602) 996-7900

Students' Name

Signature of Receiving Principal

Signature of Parent or Guardian