

**Request for Student's Records
 and/or
 Official Transcript**

This is an official request for student records.

Former School's Name	Former School's Address
Student's Legal Name - Last, First, Middle	Last Year Attended (at former school)
Student's Date of Birth	Student's Last Grade Attended (at former school)

Include:

- **Up-to-date transcripts including dates of entry/withdrawal, grading scales, test scores, all subjects and grades to date of withdrawal (cumulative records).**
- **Any psychological or special placement data.**
- **Health records including physicals and immunization records or waivers as well as birth certificates.**

Mail to:

Crossroads Christian School - Attention Student Records

Post Office Box 295

Crestview, Florida 32536

Parent's Signature Authorizing Release	Date
Crossroads Christian School Registrar's Signature	Date
CCS Office Use Only:	