

**Calvary Temple Christian Academy**  
3301 South 20<sup>th</sup> Street Philadelphia, PA 19145-5810  
PHONE: 215-462-2822 FAX: 215-551-7951

## Request for School Records

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I request that the following school records for my child be released to Calvary Temple Christian Academy and sent to the above address in a timely fashion.

- All report cards and academic records
- All standardized achievement test results
- All standardized ability and intelligence test results
- All health and immunization records
- All psychological tests and evaluations
- All attendance records
- All serious misconduct records
- Any records necessary and beneficial for the continuing education of my child

I hereby authorize:

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

to transfer the records of my child:

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

to Calvary Temple Christian Academy.

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Parent/Guardian Signature

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Date