



LIGHT OF CHRIST ACADEMY

Montessori and Classical Education

12648 East D Ave • Augusta MI 49012 • 269.203.6808

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Request for Release of Records

Date: _____

Student's Name: _____
First Middle Last

Date of Birth: _____ / _____ / _____ Current Grade: _____

Last School Attended: _____

Address: _____

Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

The above-named student has enrolled in grade _____ at Light of Christ Academy. Please forward the student's cumulative record to us as soon as possible INCLUDE: transcript of grades, standardized test results, current report card, grades at the time of withdrawal, and confidential records, such as psychological testing, current individual education plan, social history or behavioral evaluation.

Please send the records to:
Light of Christ Academy 12648 East D Avenue, Augusta, MI 49012

Thank you,

Signature of person requesting records

Please print name