



LIVING WORD CHRISTIAN ACADEMY
6601 ANTOINE DRIVE
HOUSTON, TX 77091
(713) 686-5538 * FAX (713) 686-6840

STUDENT'S RECORDS REQUEST FORM

I _____, give my permission to release all academic, medical, and testing records of the student listed below to Living Word Christian Academy at the following address:

Student's Full Legal Name _____

Birth Date ____/____/____ Grade Level at Time of Withdrawal _____

School Student Last Attended _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

NOTE: You must have the complete mailing address of the school the student last attended. Living Word Christian Academy will take responsibility for requesting the necessary records.

Parent/Guardian Signature _____ Date ____/____/____

FOR OFFICE USE ONLY

Date Requested _____ Date Request Mailed _____

Date Records Received _____ Date Records Complete _____

Living Word Christian Academy Staff Initials _____