

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Name of Previous School or Agency \_\_\_\_\_ (Student's Previous School)  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Fax: \_\_\_\_\_

I hereby give my permission for the records of

\_\_\_\_\_ Name of Student \_\_\_\_\_ Birthdate

\_\_\_\_\_ Current Grade

to be sent to the following email address in.pdf format: [ghacademy@gmail.com](mailto:ghacademy@gmail.com)  
 or mailed to Gospel Haven Academy 6871 SR 241 Millersburg, OH 44654

*The following records are hereby requested:*

- |                          |  |                          |                           |
|--------------------------|--|--------------------------|---------------------------|
| <input type="checkbox"/> | Transcripts or report cards                      | <input type="checkbox"/> | Discipline records        |
| <input type="checkbox"/> | Test data / standardized test scores             | <input type="checkbox"/> | Immunization records      |
| <input type="checkbox"/> | List of courses and grades at time of withdrawal | <input type="checkbox"/> | Health / medical records  |
| <input type="checkbox"/> | Attendance records                               | <input type="checkbox"/> | Copy of birth certificate |
| <input type="checkbox"/> | IEP (Individual Education Plan) if applicable    | <input type="checkbox"/> | Other                     |

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Receiving Principal Signature