

CROSS RIVER ACADEMY
Request for School Records
2019-2020

Name of School Attended:

Fax No:

School Address:

Please send **all** school records for the following student(s), who is currently enrolled in Cross River Academy. We would need cumulative records, testing, immunization records, and any other pertinent information which will enable us to assess the student's ability and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades.

Full Name of Student

Last grade completed

Please forward said records to:

Cross River Academy

Post Office Box 1412

Alabaster, AL 35007

(205) 685-5988 phone

(205) 621-0600 fax (**If more than 10 pages, please mail**)

I do hereby authorize Cross River Academy to receive all school records regarding the student(s) listed above. We, the parent/legal guardian, hold both schools harmless for any problems that may arise from the transaction of this request.

Parent/Legal Guardian Signature

Date

Signature of Administrator

Date