



1<sup>st</sup> Request \_\_\_\_\_  
2<sup>nd</sup> Request \_\_\_\_\_  
3<sup>rd</sup> Request \_\_\_\_\_

---

**CHRISTIAN ACADEMY &  
LEARNING CENTER**

---

812 Avenue F.  
Marrero, LA 70072  
(504) 328-2273/(504) 328-2204 Fax

## Request for Student Records

SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ATTN: **Student Records**

Please send to Conquering Word Christian Academy the academic records for the student listed below. The parent/guardian has authorized release of these records by his or her signature on the request. If you have any questions, please contact our Administrative Office at the number listed above.

Student's Name \_\_\_\_\_  
Last 4 Digits of SSN: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade at Time of Withdrawal \_\_\_\_\_

***High Schools: Please provide an official transcript and include the grading scale used.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone