



1st Request _____
2nd Request _____
3rd 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