



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

Request for Records

Records Requested From

Name of School: _____

Address: _____

City, State, Zip: _____

Student Information

Student: _____ Current Grade: _____ DOB: _____
Last Name First Middle

Student: _____ Current Grade: _____ DOB: _____
Last Name First Middle

Student: _____ Current Grade: _____ DOB: _____
Last Name First Middle

Student: _____ Current Grade: _____ DOB: _____
Last Name First Middle

Please mail or fax all cumulative health and academic records for the above student(s) to:

Highland Park Christian Academy
6801 Sheriff Road ~ Landover, MD 20785
301.773.2626 Fax

Parent/Guardian Approval

Please release all records, including but not limited to academic, psychological, medical, disciplinary and legal, that pertain to each of my children listed above.

Signature

Printed Name

Date