



Liberty Christian Academy
 6548 Rockfish Rd.
 Fayetteville, NC 28306
 Ph. 910-424-1205
 Fax 910-424-8049
www.lcknights.com
libertychristian@yahoo.com

Date _____

_____	_____
School Name	Phone Number
_____	_____
Address	Fax Number
_____	_____
City, State, Zip	Email

Request for Records

The following student(s) has (have) enrolled in our school:

_____	Grade _____
_____	Grade _____
_____	Grade _____

Please forward all records relating to this (these) student(s):

_____ Birth Certificate Copy	_____ Test Scores
_____ Immunization Certificate	_____ Scholastic Records
_____ Social Security Card Copy	_____ Psychological Records
_____ Discipline Records	_____ Attendance Records

Thank you for your kind cooperation.

Sincerely yours,

Sharon Davis

Sharon Davis
 Records Secretary

I hereby authorize you to release all student school records (including psychological records, if any) for the above listed students who have enrolled at Liberty Christian Academy.

_____	_____
Signature of Parent or Guardian	Date