



**Christian Academy of Laurel
Laurel, MD
Release of Student Information**

| |
|-----------------------|
| First Request: _____ |
| Second Request: _____ |
| Third Request: _____ |

Date: _____

TO: Guidance Office/Registrar

FROM: _____

Christian Academy of Laurel
15002 First Baptist Lane
Laurel, MD 20707
Phone: 301-490-1076
Fax: 301-725-3414

This is to request the records for:

Name of Student (first, middle, last)

Date of Birth

Address

This parent has full knowledge that such records are being requested and hereby grants authority to release them. All official records for transferring student should be faxed, mailed, or sent electronically to the receiving school upon receipt of an official request.

Signature of Parent/Guardian

Date

The following information is needed to determine correct placement:

- Official School Records for student cumulative record including report cards, attendance records, standardized test scores/results, and Student Exit Record (SR 7 card if transferring from a public school in Maryland)
- Special Educational Records, including current IEP, 504, SST
- DHMH896 Record of required immunizations
- Record of Physical Examination (Part I completed by parents, Part II completed by a certified health professional)
- Lead testing form for Pre-Kindergarten, Kindergarten, and First Grade students only, if available
- Vision and Hearing Screening, if available
- Legal Records
- Psychological and Educational Information
- Copy of Birth Certificate

Sincerely,

Administration, Christian Academy of Laurel