



SUN AND SHIELD CHRISTIAN ACADEMY

Ph: 520-682-3423 Fax: 520-682-4385

TRANSCRIPT REQUEST FORM

Instructions: Please fill out, sign, and return this form to our school office.

TO PREVIOUS SCHOOL:

School: _____ Date: _____
 Address: _____ Phone: _____
 City, ST, Zip: _____ Fax: _____

REGARDING RECORDS FOR:

Student: _____ Previous Grade: _____ Date of Birth: _____

Gender: M F

Please send us all of the following records for this student:

- Academic** records: report cards, standardized test scores, etc.
- Health** records: i.e., **immunization** records, hearing screening records, etc.
- Birth** certificate copy and social security number (if available)
- Any** information helpful for educational placement (e.g., special education)

Please send the records to: ATTN: Records Dept.
 Sun and Shield Christian Academy
 8811 W. Avra Valley Rd.
 Marana, AZ 85653
 Fax: (520) 682-4385

*Signed: _____ Date: _____
 Parent , Legal Guardian, or Eligible Student

Signee's Printed Name: _____ Phone: _____

Address: _____

*An educational agency or institution may disclose personally identifiable information from the education records of a student **without written consent** if it is directed to "officials of other schools or school systems in which the student seeks or intends to enroll,...etc." subject to the requirements set forth in 20 U.S.C. § 1232g(b)(1)(B) and 34 C.F.R. § 99.34.