



Collegedale Academy
PO Box 568 Collegedale TN 37315
Fax: Elementary 423-396-2218 / Middle 423-396-3043

REQUEST FOR RECORDS:

Student Name	Birth Date	Current Grade
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School we are requesting records from

Please send the following records:

- **Official transcript of grades**
- **All health records**
- **Cumulative folder**
- **Test/IEP**
- **Other**

We are requesting permission for any verbal communication with your Administration, Counselor, or Teachers from your school.

Please forward complete school records for this student, including academic, health, and psychological, exceptional education (if applicable), and other pertinent information to:

Please notify us if there is any problem which prevents sending us these records.
Thank you,

Registrar
k-5registrar@collegedaleacademy.com

Registrar Signature: _____ **Date:** _____

Parent/Guardian Signature

Date

*This signature from parents is approval for verbal & written consent.
Note: Parents, please sign and give or send this to your child's current school.