



Records Request

Date_____

Office of Academic Records

To Whom it may Concern:

_____ Grade_____
_____ Grade_____

is in the process of enrolling in our school. Please forward the following information at your earliest convenience. Thank you for your cooperation in this matter.

Christian Academy of WNY
120 Main Street
Lockport, NY 14094 Fax 478-7979
716-433-1652

_____ Complete school records including attendance, academic transcripts/report cards, and immunization records. Number of science labs completed (if applicable). Exit Grade

_____ Committee on Special Education materials which may include CSE determination; the results of educational testing, including a psychological, speech testing, etc., and Phase I and/or Phase II Individual Education Plans (IEP or 504).

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24672)