



**CHARLOTTE ADVENTIST
CHRISTIAN ACADEMY**
BUILDING A BETTER FUTURE. ONE STUDENT AT A TIME.

4601 Emory Lane
Charlotte, NC 28211
704-366-4351
704-367-1872 (fax)

ACAoffice@adventistchristianacademy.org

Transcript Release Request

Parent or Guardian please complete this form and return to ACA School Office.

Present or last school:

School Name

School Phone Number

School Address

City, State and Zip

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), health records, and other pertinent information from the student's permanent record to be released to:

Adventist Christian Academy
4601 Emory Lane
Charlotte, NC, 28211
704-366-4351
acaoffice@adventistchristianacademy.org

This information, once received by Adventist Christian Academy, will be used by school personnel only for the purpose of identifying educational needs and providing services necessary for the above named student.

Student's Name _____ Current Grade _____

Parent's Signature _____ Date _____

PLEASE SEND BY EMAIL (PREFERRED), POST, OR FAX.