

STUDENT RECORD REQUEST

Date: _____

RELEASING SCHOOL

School Name: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Dear Counselor:

The following student(s) have applied for enrollment at Heartland Baptist Academy. To aid in our enrollment decision, we would ask that you provide us a copy of their current transcript for our review. If accepted, we will respond with a Student Record Release form requesting a final transcript and other necessary paperwork. Thank you.

<i>Name of Student</i>	<i>Date of Birth</i>	<i>Current Grade Level</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian



Signature of Receiving Principal



ACCEPTING SCHOOL
Heartland Baptist Academy
4700 NW 10th Street
Oklahoma City, OK 73127
PH: 405-943-9330
FAX: 405-943-9434