



**LIGHT OF CHRIST ACADEMY**  
**Montessori and Classical Education**  
12648 East D Ave • Augusta MI 49012 • 269.203.6808  
office@lightofchristacademy.org • lightofchristacademy.org

## Request for Release of Records

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

The above-named student has enrolled in grade \_\_\_\_\_ at Light of Christ Academy. Please forward the student's cumulative record to us as soon as possible **INCLUDE**: transcript of grades, standardized test results, current report card, and confidential records, such as psychological testing, current Individualized Educational Program (IEP), social history or behavioral evaluation.

Please send the records to:

Light of Christ Academy  
Attention: Administration  
12648 East D Avenue  
Augusta, MI 49012

Thank you.

\_\_\_\_\_  
Signature of person requesting records

\_\_\_\_\_  
Printed name