



Truth. Courage. Integrity.

Request for Student Records

The student named below has registered or is considering registration at Cornerstone Christian Academy for the _____ / _____ school year. Please send the following information as soon as possible to:

Cornerstone Christian Academy

60 Holley St, Brockport, NY 14420

Telephone: 585-637-4540 Fax: 585-637-4518

Email: cjohnson@cornerstonechristianacademy.us

Records Requested

- Academic Records
- Health Records
- Psychological Records and Reports
- Any other pertinent information that will assist us with this student
- Does this family have an outstanding financial obligation to your school that needs to be resolved before we enroll them at Cornerstone Christian Academy?
 - No
 - Yes

Requested From

Date of Request:	Name and Address of Former School:

Student Information

Student's Last Name:	Student's First Name:
Date of Birth:	Last Grade Level Successfully Completed:

According to the final regulations – Family Educational Rights And Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records to another school system in which the student may intend to enroll.

Thank you for your prompt attention to this request.