



HIS PLACE
Christian Academy

Records Request Form

RECORDS TO BE RELEASED BY:

Name of School _____
Mailing Address _____
City, State, Zip Code _____
Phone Number _____

- o As part of the admissions process, HPCA requests permission to obtain and review the student's educational and disciplinary records prior to making a final admission decision. The student is not officially enrolled at the time of this request.
- o We have enrolled the following student who formerly attended your school.

Name _____ GRADE: _____ DOB: _____

Please send copies of the following records:

- Permanent Records
- Birth Certificate
- Immunization Records
- Discipline Records

Signature of Parent or Guardian _____ Date _____

Please send this information to: His Place House of Worship
1849 Co Rd 6460
West Plains, MO 65775
(417) 204-4816

"It is not necessary to have written consent of parents to release records to officials of other schools or school systems in which the student seeks or intends to enroll." Privacy Rights of Parents and Students Act. Page 1213, subpart D 99 30
(b)