



**CALVARY CHRISTIAN ACADEMY & PRESCHOOL**  
535 CLIFFORD STREET | FORT WALTON BEACH, FL 32547 | 850.862.1414

## REQUEST FOR STUDENT RECORDS

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

<u>Student Name</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Select one of the following:

Email Records: \_\_\_\_\_

OR Mail to:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip Code

Please allow 5 business days for completion.

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date completed \_\_\_\_\_

Initial \_\_\_\_\_