



186 New Hope Rd
Lawrenceville, GA 30046
Phone: 678 376-0883 Fax: 678 226-9718

www.agapejracademy2002k8ga.org

REQUEST FOR CONFIDENTIAL RECORDS

(Final transcript request)

To: Records Clerk of: _____,
has enrolled in Agapé Jr. Academy in grade _____. His/her date of birth is _____.

We would appreciate your prompt response in sending the following documents:

- ✚ Final official transcript (after last grades have been posted) including any standardized test results.
- ✚ All disciplinary records or statement of disciplinary action.
- ✚ Date of withdrawal, attendance record, and any additional information that will help us in working with this student.
- ✚ Health records and certificate of immunization.

Sincerely yours,

Bernadette A. Charles
Principal

I have enrolled my child in the above named school, and hereby authorize you to release all school records to Agapé Jr. Academy.

Parent/Guardian: _____ Date: _____