



REQUEST FOR TRANSCRIPTS/RECORDS

Today's Date ____/____/_____
 Student's Full Name _____
 Student Date of Birth ____/____/_____
 Name of Last School Attended _____
 Address of current School _____

 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Dates Attended School ____/____/____ to ____/____/____
 Grade level at time of withdrawal _____
 Records being requested: (ALL)

- Birth Certificate
- Transcript of academic records
- Standardized test results
- Health/Immunization records
- Discipline records
- Withdrawal papers, including grades, absences, and withdrawal date
- Copy of grading scale
- Special Education records
- Guidance records
- ALL OF THE ABOVE

I consent to the release of those records as indicated above.

 Name

Date ____/____/____ Contact Phone: _____

Please mail or email all records to :
 CMCH School, 135 West Wieuca Rd, NE, Atlanta, GA 30342 (404) 843-0118
elementary@chayamushka.org