



STUDENT RECORDS REQUEST AND RELEASE FORM

Please fill out this form and send it to the school your child attends/attended previous to Genesis Classical Academy.

Date Requested: _____

Student: _____

Requested From:

Current School/Institution: _____

Contact Person: _____

Phone: _____

Fax: _____

Requested By:

The Genesis Academy

Admissions Office

Phone: 507-893-3600

Email: GCAwinnebago@gmail.com

Please send all that apply:

Attendance Records

Report Cards (two most recent years)

Achievement Test Results

Speech Evaluation Records

Medical/Vaccination Records

Educational Diagnostic Evaluations

Psychological Evaluations

ARD, IEP/Special Ed. Documentation

I, _____, parent/guardian of

_____, do hereby
give permission for the institution indicated above to send a copy of my child's records to Genesis
Classical Academy.

Thank you for sending Genesis the requested records as soon as possible to the following address:

Genesis Classical Academy

P.O. Box 735

Winnebago, MN 56098

Parent/Guardian

Date