



Student Transcript Request and Parent Release Form

Student : _____ Date of Request: _____

Current School:

Parkview Christian Academy
201 W. Center Street
Yorkville, IL 60560
Phone: 630-553-5158 Fax: 630-553-3370

I give my consent for the above-mentioned student's permanent cumulative transcripts including identifying information, academic records, standardized test results, attendance records to be sent from Parkview Christian Academy to the school listed below.

Name of School: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

By which method should this be sent? _____ Hard Copy _____ Fax _____ Email Attachment

Date needed: _____

Letter of Recommendation needed _____ Yes _____ No

By Whom _____

Parent's Signature: _____ Date: _____

_____ **Date Sent:** _____ **By:** _____