Evangel Christian School
14836 Ashdale Avenue
Dale City, VA 22193
Phone 703 670 7127

REQUEST FOR FINAL SCHOOL RECORDS

Name of Student _____
First Middle Last

Current Grade_____ Date last attended_____

An official transcript of all records is requested by the student's parents and should include:

- Attendance information
- Academic records (including withdrawal grades)
- Immunization record and physical
- Standardized test scores
- Copy of birth certificate
- Behavioral reports

_____
Parent Signature for Authorization Date