



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 / Progress Monitoring
- Health/Immunization records
- Discipline records
- Withdrawal papers, including grades, absences, and withdrawal date
- Copy of grading scale
- Special Education records
- Guidance records

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

Parent/Guardian Name

Date ____/____/____ Contact Phone: _____

Please mail or email all records to:

CMCH School, 5180 Roswell Road, North Building Atlanta, GA 30342

(404) 843-0118

cmchatlanta.org