Records Request of Transcripts:

Please send all education, health, special education, and disciplinary records of the following student:

Student Name:_____

Last School Attended:_____
Address of Last School Attended: _____
_____

I hereby give my permission for the release of all my child's records to the above named school.
Parent Signature:_____ Date:_____

Student records may be provided to officials of a school or school system in which the student intends to enroll without written consent of the parent/guardian or eligible student (COMAR13A.08.02.19)

Please send transcripts to CrossLife Christian Academy, 45 W. Broadway Street, Oviedo, FL 32765 and a copy to info@crosslifeca.com

If you have any questions, please feel free to contact our office at 407-604-5474.