

CHRISTIAN LIFE ACADEMY

2037 QUAIL DRIVE

BATON ROUGE, LOUISIANA 70808

(225) 769-6760 • (225) 769-9109 FAX • WWW.GOCRUSADERS.COM



Request for School Records & Transcripts

Student's FULL Name while in school: _____

Date of Birth: _____ Current Grade OR Date Graduated: _____

Contact Name: _____ Number: _____

Requesting:

School Transcript only

School Transcript and Standardized Test Scores.

Immunization Records

Birth Certificate

Other _____

Purpose of request:

Insurance

College Admissions

Scholarships

Personal Record

SSI or other State Social Services reason

Transferring Schools

When records are ready:

Pick-up: Name: _____ Phone Number: _____

Email to: _____

Fax to: _____ Fax Number: _____

Mail to: _____

(For more than one, please attach a list of other addresses)

Signature: _____ Date of Request: _____

Please allow 3 to 5 days for processing

OFFICE USE: Date Received: _____ Date Completed: _____

Office Signature: _____