

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:** _____

***RECORDS WILL NOT BE RELEASED IF FINANCIAL OBLIGATIONS HAVE NOT BEEN FULLY MET.
PLEASE ALLOW 3 TO 5 DAYS FOR PROCESSING.**

OFFICE USE: Date Received _____ Date Completed _____

Office Signature _____