



**Request for Release and Transfer of School Records**

Traders Point Christian Academy  
 6600 S. Indianapolis Road  
 Whitestown, IN 46075  
 Phone: 317.769-2450 Fax: 317.769-2456

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

RE: Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above listed student has applied to enter grade \_\_\_\_\_ at Traders Point Christian Academy. We are requesting the following information:

- Academic Record  
 (including the student's cumulative folder and the Indiana D.O.E. student test number)
- Health & Personal Record  
 (including the record of immunizations)
- Clinical & Professions Record  
 (including any 504 plans or I.E.P.'s for this student)
- Other \_\_\_\_\_

Please send these records to the attention of Linda Becker (Administrative Assistant) at **Traders Point Christian Academy, 6600 S. Indianapolis Road, Whitestown, IN 46075**. If you have any questions or concerns, please call 769-2450 ext. 241.

By signing below I authorize the school listed above to release the requested records to Traders Point Christian Academy including records for my child that are confidential in nature pertaining to their academic and/or behavioral record.

\_\_\_\_\_  
 Parent/Guardian/Custodian's Signature

\_\_\_\_\_  
 Date