

**Full Armor Christian Academy
Request for School Records**

Last Name	First Name	Grade	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The below signed parent/guardian has asked that you please release their child's transcripts and all records (including academic records, test scores, discipline records, health records, etc.) to Full Armor Christian Academy. Please send to:

Full Armor Christian Academy
P.O. Box 2035
Henderson, TX 75653

Ph. 903-655-8489
Fax 903-657-8267

Permission for the release granted by:

Parent/Guardian signature

Date

Administrator/Principal signature

Date

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