



CENTRAL  
CHRISTIAN  
SCHOOL

RETURN BY MAIL  
CCS  
Attn: Elizabeth Walton  
1910 E. 30<sup>th</sup> Avenue  
Hutchinson, KS 67502  
RETURN BY EMAIL  
ewalton@cougarsccs.com  
RETURN BY FAX  
620-663-2176

**REQUEST FOR SCHOOL RECORDS**

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_, date of birth \_\_\_\_\_, has applied at Central Christian School.  
The records and information provided by this student indicates that your school was the last school in which he/she was enrolled.

**PLEASE SEND THE STUDENT'S CUMULATIVE FOLDER, INCLUDING A TRANSCRIPT OF GRADES OR ACADEMIC PLACEMENT AND PROGRESS, PSYCHOLOGICAL EVALUATIONS, STANDARDIZED TEST SCORES, HEALTH RECORDS, AND ATTENDANCE INFORMATION.**

I understand that I may receive a copy of all the records or data to be released. I do \_\_\_ do not \_\_\_ want a copy. It is understood that a charge MAY be made for any copy or reproduction of these records.

\_\_\_\_\_  
Printed name of parent, guardian, or eligible student\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent, guardian, or eligible student\* (Date)

*\*An eligible student is a student who has attained eighteen years of age or is attending an institution of post-secondary education.*

**THIS SPACE FOR SCHOOL USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date request sent)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date request received)

REMARKS: