

**Request for Student Records**

*(Parents: Please give this to your child's guidance counselor.)*

**TO:** Name of School Student Attended: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
GRADE: \_\_\_\_\_

The above student has enrolled with Changing Hearts Boarding School. Please forward the following information, as well as any other pertinent information:

- ♥ transcripts/grades showing the grade and amount of credit earned in each subject
- ♥ key to your grading system
- ♥ results of standardized testing student has completed
- ♥ Special Education records, including IEP's
- ♥ **Please do not send the student's cumulative file**

(PLEASE SEND COPIES ONLY, NO ORIGINALS)

I authorize the release of the above records:

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Releasing Records

PLEASE SEND TO: **Changing Hearts**  
**PO Box 416**  
**Barnardsville, NC 28709**  
**828-273-1380**  
**changinghearts@charter.net**