

Christian Academy of Madison

477 West Hutchinson Lane • Madison, Indiana 47250 • (812) 273-5000 • (812) 265-0700 FAX • caofmadison@gmail.com • www.camdefenders.com

Records Request

I give my permission to release:

1. Birth certificate
2. Immunization certificate and medical forms
3. Transcripts and/or academic standing and credits
4. Psychological evaluation report, if available
5. Individual standardized achievement test results
6. Current IEP, if applicable

Send To:
Christian Academy of Madison
477 West Hutchinson Lane
Madison, Indiana 47250

For the following student:

Full Legal Name of Student Birth Date Grade Last Completed

School Last Attended Years Attended Phone Number

School's Street Address Fax Number

City State Zip

Signature of Parent or Guardian Date

NOTE TO PARENTS/GUARDIAN: It is very important to have the COMPLETE ADDRESS of the school your child last attended. Christian Academy of Madison will take responsibility for requesting records.

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Office use only:

Date request received: _____

Date request mailed: _____

Date transcripts received: _____

Transcripts: Complete _____ Incomplete _____

Comments: