



Request for Release of Student Records

Dear Registrar;

Please release records for:

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

- Academic records (reports cards- current and previous year/ transcript)
- Achievement and intelligence test scores
- Health records
- Special Education Information/Modifications
- Discipline records

Thank you for your attention to this request.

Please forward to:

Rosehill Christian School
19830 FM 2920
Tomball, TX 77377
Attention: Director of Admissions
OR email to sjohnson@rcseagles.org

Contact Information:

Director of Admissions: Sherry Johnson (sjohnson@rcseagles.org)
281 351 8114 Phone 281 516 3418 Fax

Parent Signature: _____ Date of request: _____

Name of School Releasing Records: _____

Address: _____
Street City State Zip

School phone: _____ Fax#: _____ Email: _____