



RIDGWAY CHRISTIAN SCHOOL
OFFICE OF THE PRINCIPAL
3201 RIDGWAY ROAD
PINE BLUFF, AR 71603
(870) 879-6264

TRANSCRIPT / RECORDS REQUEST

School Name _____	Student's Name _____
School Address _____	Student's Date of Birth _____
City _____	Student's Grade _____

Authorization is hereby given to Ridgway Christian School to obtain the release of the following health and academic information for the above named student:

1. Academic transcript
2. Standardized test scores
3. Health records
4. Current subject grades at the time of withdrawal
5. Attendance information (last attendance date and total days missed)
6. Any other relevant information

Signature of parent / guardian

Date of request