



NEW BEGINNINGS CHRISTIAN ACADEMY

Student Records/ Transcript Release

School Name Records Are Being Requested From:

Street Address

City

State/Province

Zip/Postal Code

Phone Number of School

Fax Number (with Area Code)

Date of Request

Email of School (if available)

Dear Records Department:

The student(s) listed below would like to be enrolled in our academy. Please release their records and/or transcript to our school. Please fax, email, or hard copy their records including **academic, student identification, health records, report cards, transcript, annual test scores, immunization records (1st /7th grade physicals), attendance reports, disciplinary records, IEP, most current annual assessments, and Title 1 reports.** If more than 20 pages, please mail to our office.

Sincerely,

Stephanie Garrett

Stephanie Garrett
Office Manager & Records Department
New Beginnings Christian Academy

Date: _____

Student(s) Files Requested

Age and Grade at Withdrawal

1. _____

2. _____

3. _____

4. _____

Signature of Requesting Parent/Guardian

Date

7020 Ramona Boulevard, Jacksonville, FL, 32205

office: 904.786.3178 fax: 904.786.3328 website: www.nbcajax.com

email: nbccjaxoffice@gmail.com