



Algood Christian Elementary School

**Records Release Request**

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Please release the following records:

- Transcript
- Health Records
- Testing Data
- Psychological Data
- Recent Report Card

Child (ren):

Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade Level Attended: \_\_\_\_\_

Grade Level Attended: \_\_\_\_\_

Grade Level Attended: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature

\_\_\_\_\_

Date

Mail to: Algood Christian Elementary  
2660 Hwy 111 N. Cookeville, TN 38506

Or Email: [algoodchristian@gmail.com](mailto:algoodchristian@gmail.com)