



Pueblo Christian Academy

347 S. Del Norte Ave.

Pueblo West, CO. 81007

719-647-2868

pcacampus@gmail.com

Student Records Request

Date : _____

To (Name of School): _____

Address _____

City _____ State _____ Zip _____

Student's Name: _____ DOB: _____

Please Send the Following Records:

- _____ Transcript of grades and credits earned
- _____ Key to grading system if percentages are used
- _____ Grades to date of leaving if student left before end of term
- _____ Dates of entrance and withdrawal
- _____ Proficiency Test results
- _____ Test data - S.A. T.
- _____ A. R. - Star Records
- _____ Health Records, including immunization dates
- _____ Other

Signature: _____ Date: _____

Print Full Name: _____ (circle one)