



## **Records Request**

**Request issued from:**

Tacoma Christian Academy

2014 S 15<sup>th</sup> Street Tacoma, WA 98405

Phone: (253)572-1742 Fax: (253)272-3413

Email: secretary@tcak12.com

**Request Date:**

**Student's Name:**

**Student's Date of Birth:**

**Student's Current Grade:**

**Request issued to:**

The above student has enrolled at Tacoma Christian Academy. Please transfer the permanent records and other appropriate information, including:

- **Official transcripts/records**
- **Attendance records**
- **Immunization records**
- **Standardized test data**
- **Progress reports**
- **Discipline records**
- **General health information**
- **Special Services/Psychological Assessments**

Thank you for your prompt attention to this matter.

**Natasha Kurkov, Secretary** secretary@tcak12.com