



Records Request

Request issued from: Tacoma Christian Academy
2014 S 15th 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.

Natalya Yakimenko, Secretary secretary@tcak12.com