

# Open Bible Christian Academy

13 Open Bible Way  
Kingsville, MD 21087  
410-593-9940

## REQUEST FOR STUDENT RECORDS

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Principal/Counselor,

The following student(s) have enrolled for the \_\_\_\_\_ school year at Open Bible Christian Academy. Please release their academic and health records.

| Student Name | Entering Grade |
|--------------|----------------|
| _____        | _____          |
| _____        | _____          |
| _____        | _____          |

Please forward all records to my attention. Thank you for your cooperation.

Sincerely,

Mindy Miles  
Administrative Assistant

Parent Signature: \_\_\_\_\_