



Cornerstone Christian Academy
PO Box 1608
Bloomington, IL 61702-1608
(309) 662-9900

REQUEST FOR STUDENT PERMANENT RECORDS

Date: _____

_____ School Most Recently Attended

_____ Mailing Address

_____ City State Zip

Please release the following information for:

_____ Student Name Birthdate Grade

Academic Records
Behavioral Records
Standardized Test Data
Psychological and Other Testing
Medical/Health Records
Transfer Record from Other School
Individualized Education Plan
and/or 504 Plan (if applicable)

Records may be sent to:

Cornerstone Christian Academy
Attn: Admissions
P.O. Box 1608
Bloomington, IL 61702
Fax: (309) 662-9904
office@cornerstonechristian.com

Parent Signature: _____

**In accordance with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.