



**CHRIST'S  
LEGACY ACADEMY**  
*A Christ-Centered Classical School*

**RECORDS REQUEST**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

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

Street

City

State

Zip

Phone

Fax

Dates and Grades Attended: \_\_\_\_\_

**Please send all school records (academic, health, special education, psychological, etc.) of the student named above to the following address:**

Christ's Legacy Academy  
625 S Matlock Avenue  
Athens, Tennessee 37303

I am the parent/guardian of the above child and I hereby approve this request:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of School Signature

\_\_\_\_\_  
Date

625 S Matlock Avenue, Athens, Tennessee 37303 Phone: 423.649.0040 Fax: 423.381.0938  
christlegacyacademy.org