

**Punxsutawney Christian School
216 N. Jefferson Street
Punxsutawney, PA 15767
814-938-2295
FAX 814-938-2251**

Transcript Release Form

School Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____

I/We hereby request that all medical and academic records, for the following student, be released to the Punxsutawney Christian School, 216 North Jefferson Street, Punxsutawney, PA 15767.

Please include all (✓) :

- | | |
|---|---|
| <input type="checkbox"/> Achievement test results | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Psychological reports | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Discipline records | <input type="checkbox"/> Attendance records |

Student Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents/Guardian Signature:

Date:

