

Request for Student Records

Name of last school: _____

Address of school: _____

This is an official request for student records. Please provide the cumulative file with Official Transcripts, health records, testing scores and student behavior to the address provided below. This form is confidential and will be used for admissions and placement with Pinnacle Academy. Thank you for your timely response.

Student First Name: _____ MI. _____ Last Name: _____

Date of Birth: _____ Student ID: _____

Student Last Date Attended: _____ Student Grade Level: _____

I hereby authorize the release of my child's cumulative records.

Parent/Guardian Name

Parent Signature

Date: _____

Mail Student Records to:

Pinnacle Academy
PO Box 28761
Seattle, Washington 98118
Or Scan & send to Admin@pinnacleacademy.org

