## **GREATER WORKS CHRISTIAN SCHOOL** 2015-2016 REQUEST FOR STUDENT RECORDS

301 COLLEGE PARK DR. | MONROEVILLE, PA 15146 PH: 724.327.6500, EXT. 135 | FAX: 724.325.4602 WWW@GREATERWORKSCHRISTIANSCHOOL.ORG



To:	Da <sup>.</sup>	te:
School		
Street Address		
City/State/Zip Code		
Phone: ()		
To Whom It May Concern: This letter will serve as offi following student:	cial notification to	release the cumulative school records of the
Stu	dent Name	Grade
Such records should includ  Earned Grades  Standardized Test  Counseling Report  Attendance Record  Health and Immur	Results s ds	red to the following:
Please submit the above re	cords and other p	Greater Works Christian School 301 College Park Dr. Monroeville, Pa 15146 Phone: (724) 327-6500 Fax: (724) 325-4602 Attention: School Office
I further declare that I am a		uest this information release and relieve your school ibility in this action.
Signature of Parent(s)/Gua	rdian(s)	
Date		