



LEGACY
CHRISTIAN ACADEMY

3037 Bunker Lake Blvd. NW
Andover, MN 55304
Phone: 763.427.4595
Fax: 763.427.3398
www.lcamn.org

Request for Student Records

PARENT OR GUARDIAN:

This form should be directed to the Guidance Office/Student Records Office at your child's current school.

Student Name

First Name

Middle Name

Last Name

Current Grade

Date

I hereby authorize _____ to release a copy of the following records
Student's Current School
to Legacy Christian Academy:

- ☐ All official academic records, including most recent progress reports
- ☐ Standardized test scores
- ☐ Health records
- ☐ Attendance records
- ☐ Disciplinary records
- ☐ Psychological testing and evaluation, if any
- ☐ Individual education plans or special education evaluation, if any

Signature of Parent/Guardian

Date

TO THE GUIDANCE OFFICE/STUDENT RECORDS OFFICE:

Legacy Christian Academy requests copies of the above information to evaluate admissions requirements.
Thank you for your prompt response to this request.

PLEASE FORWARD RECORDS TO:

Office of Admissions
Legacy Christian Academy
3037 Bunker Lake Blvd. NW
Andover, MN 55304
Phone: 763.316.6250
Fax: 763.427.3398
Email: admissions@lcamn.org