



# RAMAH CHRISTIAN ACADEMY

## School Records Request

Parent Instructions: Please submit this completed form to Ramah's school

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

### SCHOOL INFORMATION

School Name :

School Address:

School Phone No.

School Fax No. :

Permission is hereby granted for a complete transcript showing the following:

✓	<i>Grades</i>	✓	<i>Health/ Medical Records</i>
✓	<i>Test Scores</i>	✓	<i>Behavior/Disciplinary Rpts.</i>
✓	<i>Psychological reports</i>		

These and any other pertinent information from the student's permanent record are to be released to:

**Ramah Junior Academy**  
**4770 Lee Road, Cleveland, Ohio 44128**  
**ATTENTION: Mrs. K. Nickens**  
**email: [knickens@ramahjunioracademy.org](mailto:knickens@ramahjunioracademy.org)**

This information, once received by Ramah Junior Academy, will be used by school personnel ONLY for the purpose of identifying educational needs and providing services necessary for the student named above.

### PARENT/GUARDIAN SIGNATURE

I hereby grant Ramah Junior Academy permission to request student records for the above noted child and understand that it is my responsibility to inform Ramah Junior Academy of any changes in the information provided.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_