

HERITAGE HOME SCHOOL ACADEMY

STUDENT RECORD RELEASE

To Releasing School Counselor:

_____ Date

School Name

Address

City

State

Zip

(_____) _____

(_____) _____

Phone

Fax

Dear Counselor:

This is to request an official copy of the academic transcript and health records of the student name below. **Do not send the cumulative file folder.** Please forward the requested items to the following school. Thank You.

Accepting School

Heritage Home School Academy

9369 W. 75th Street

Overland Park, KS 66204

Phone: 1-(877)-532-7665

Fax: 1-(913)-232-5288

Student's Name

(Last name first)

Age

Grade level at

time of withdrawal

Signature of Requesting Parent


Signature of Receiving Principal