

HERITAGE HOME SCHOOL ACADEMY ONLINE

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 Online**

**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