



11431 University City Blvd, Charlotte, NC 28213 · enrollment@cornerstoneadventistacademy.org

RECORD REQUEST FORM

Send Records to:
Cornerstone Adventist Academy
11431 University City Blvd
Charlotte, NC 28231

Name of Student _____

Grade _____ Date of Birth _____

Request Documents from:

School _____

Street _____

City _____ State _____ Zip _____

I, as the parent of _____, give permission to send all records (cumulative file with grade reports, health records, and any special testing) regarding my child to the requesting school.

Parent Signature _____ Date: _____