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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: \_\_\_\_\_