

Records Request Form

Date _____

(Name of Current School)

(Address)

Dear Sir/Madam:

Please send an official copy of my student's school records to:

**Grace and Hope Academy
1865 S. Sycamore St.
Petersburg, VA 23805**

Full Name: _____

Sincerely,

(Signature)

(Name & Address of Requestor)

(Phone number & Email address)
