

# MADRAS CHRISTIAN SCHOOL

## Request for Transcripts & Health Records

This is an official request for the following records for the student(s) listed below:

\_\_\_\_\_ **Transcripts & Health Records/Birth Certificate (Complete File)** \_\_\_\_\_ **IEP**

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Please release the records indicated for the above-listed student(s) to:

**Madras Christian School**  
**66 SE H Street**  
**Madras, OR 97741-1552**

Address or Fax # of school student last attended:

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Thank you for your prompt reply.

Sincerely,

Teaching Principal  
Madras Christian School