



2518 Savannah Hwy  
Charleston, SC 29414  
843-571-7519  
jgillard@carolinasda.org

# Transcript Release Request

Parent or Guardian, please complete this form and return it to ACA School Office.

Present or last school:

\_\_\_\_\_ School Name

\_\_\_\_\_ School Phone Number

\_\_\_\_\_ School Address

\_\_\_\_\_ City, State and Zip

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), health records, and other pertinent information from the student's permanent record to be released to:

Adventist Christian Academy  
2518 Savannah Hwy  
Charleston, SC 29414  
843-571-7519

Once received by Adventist Christian Academy, this information will be used by school personnel only to identify educational needs and provide services necessary for the above-named student.

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **PLEASE SEND BY EMAIL**