



**Collegedale Academy**

PO Box 628

4855 College Drive, East

Collegedale, TN 37315

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**Records Request**

To: \_\_\_\_\_ School: \_\_\_\_\_

Re: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please forward the following records:

- \_\_\_\_\_ Official Transcript of grades
- \_\_\_\_\_ Grades at time of withdrawal
- \_\_\_\_\_ Health records: immunizations and current physical
- \_\_\_\_\_ Cumulative folder
- \_\_\_\_\_ Test scores
- \_\_\_\_\_ IEP or other special education plans, testing, or needs
- \_\_\_\_\_ Other \_\_\_\_\_

Send to:

Registrar  
Collegedale Academy  
PO Box 628  
Collegedale, TN 37315

Registrar/Guidance Counselor Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_