



Request for Student Records

2001 West Main Street
Stroudsburg, PA 18360

(570) 421-5577 Phone
(570) 421-5577 Fax
contactus@pacs-sda.org Email
www.pacs-sda.org Website

Parent or Guardian:

This form will be directed to the Guidance Office/Student Records Office at your child's previous school.

Student Information:

First Name

Middle Name

Last Name

Mailing Address:

House Number

Street

Apt

City:

State:

Zip Code:

Phone Number:

Email:

Current Grade:

Date of Birth:

MM/DD/YYYY

Authorization for Release of Records:

I hereby authorize _____ to release a copy of the following records to Pocono Adventist Christian School:

- All official academic records, including most recent progress reports
- Standardized test scores
- Health records
- Attendance records
- Disciplinary records
- Psychological testing and evaluation, if any
- Individual education plan or special education evaluation, if any.

Print Name of Parent or Guardian

Date: _____

Signature of Parent or Guardian

Date: _____

TO THE GUIDANCE OFFICE/STUDENT RECORDS OFFICE:

Pocono Adventist Christian School requests copies of the above information to evaluate admissions requirements. Thank you for your prompt response to this request.

Please forward records to:

Mrs. Claudia James, Principal
Pocono Adventist Christian School
2001 W Main Street
Stroudsburg, PA 18360