



Victory Christian Center School

1501 Carrier Drive
Charlotte, NC 28216
(704) 391-7339x 3230 Fax (704) 391-0494
Email: info@vccskings.com

TRANSCRIPT RELEASE/ REQUEST FOR RECORDS

Date: _____

(school records are requested from)

(Address)

(City)

(State)

(Zip)

Student: _____ Date of Birth: ___ / ___ / ___ Grade: ___

VCCS is requesting the following student data/records:

- The most current average for each course in which the student is enrolled (*numerical and letter grade with grading scale*)
- Credits or units earned for grades 7-12 (send most recent Official Transcript for High School ONLY)
- **ALL Test Scores, including but not limited to State Testing, End of Grade and End of Course testing, etc.**
- **A current copy of your child's IEP and/or Section 504 plan if applicable**
- **Psychological evaluations**
- Immunization and Health records (official copy)
- Birth certificate (official copy)
- Driver's Education Certificate
- All attendance information

By state law, we must have ALL Immunization Records within 30 days of enrollment or the student is subject to suspension.

Thank you for your cooperation.

(Signature of Secretary)

Parental permission is no longer required when authorized school personnel require records (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)