Student Records Request and Parent Release Form

Student:_____ Date Requested:_____

School Requesting Records:

Parkview Christian Academy
202 E. Countryside Pkwy
Yorkville, IL 60560
Phone: 630-553-5158 x331

Email to:
lburgin@parkviewchristian.net

Current School:

_____

Phone: _____

Fax: _____

Records office Email:

_____

I give my consent for the above mentioned student's permanent cumulative records including identifying information, academic records, standardized test results, attendance records, health and immunization records, birth certificate, vision and dental records, special education records, IEPs, etc. to be sent to Parkview Christian Academy.

Parent's Signature:_____ Date:_____