



Phone: 269.629.7253

8510 M-89 Richland, MI 49083

FAX: 269.629.7246

## Request for Release of Records

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_

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

Last School Attended: \_\_\_\_\_

Street/City/State: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

The above named student has enrolled in grade \_\_\_\_\_ at Vineyard Academy.  
Please forward the student's cumulative record to us as soon as possible.

**Please include:**

- Transcript of grades
- Standardized test results
- Current report card
- Grades at time of withdrawal
- Any confidential records, such as psychological testing, current Individual Educational Plan, social history or behavioral evaluations.

Also include:

- Baptismal record
- Immunization record
- Birth certificate

Please send records to:

**Vineyard Academy**  
8510 M-89  
P.O. Box 102  
Richland, MI 49083

With God's Blessings,