

RECORDS RELEASE REQUEST



Student Information

For the student(s) listed below, please send the following to Bob Jones Academy:

- Academic records (all grades and test scores)
- Discipline records
- Health records (birth certificate and immunization record)

_____ FIRST	_____ MIDDLE	_____ LAST	_____ GRADE LAST ATTENDED
_____ FIRST	_____ MIDDLE	_____ LAST	_____ GRADE LAST ATTENDED
_____ FIRST	_____ MIDDLE	_____ LAST	_____ GRADE LAST ATTENDED
_____ FIRST	_____ MIDDLE	_____ LAST	_____ GRADE LAST ATTENDED

School Information

DATE

Records requested from:

SCHOOL NAME

ADDRESS

CITY

STATE

ZIP

(_____) (_____) _____
PHONE FAX

For Office Use Only

Please mail or email an official transcript and other records.

Please fax a transcript and other records immediately, and mail or email an official copy as well.

For further information:

- Admission: **Bob Jones Academy, 1700 Wade Hampton Blvd., Greenville, SC 29614**
- Phone: **(864) 770-1395**
- Fax: **(864) 271-7278**
- Email: **bjabobjonesacademy.net**