

**FAITH LANDMARKS ACADEMY**

**Transcript Request**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

Please send the following information:

- Scholastic records
- Immunization and Health record
- Standardized test scores
- Birth Certificate
- Social Security Number/copy of card
- Any diagnostic test that have been administered
- Discipline records

**Current School should mail back to:**  
 Principal, FAITH LANDMARKS ACADEMY  
 8491 Chamberlayne Road  
 Richmond, VA 23227  
 Phone 804-262-8256 fax: 804-266-7127

*NOTE: We do not enroll families with an unpaid balance to a prior school. Please inform us if the above student's account is not paid in full to your institution by the end of the school year.*

Does this family owe your school any outstanding balances?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISCIPLINE INFORMATION: Has this student ever been suspended or expelled from school?

Yes  No

If yes, when: \_\_\_\_\_ Please explain:

\_\_\_\_\_

Please attach a copy of the expulsion/suspension notice.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

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**AUTHORIZATION STATEMENT AND SIGNATURE**

TO: (School Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

I authorize you to release the information specified above to FAITH LANDMARKS ACADEMY.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date