



# LAM Christian Academy

4800 N Ramsey Road, Coeur d'Alene, ID 83815

Phone (208) 765-8238 ~ Fax (208) 765-6392

## Request for Transfer of Educational Records

Name of School Previously Attended: \_\_\_\_\_

Street Address of School: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax and/or Phone Number: \_\_\_\_\_

Please send all student record information and health records for the following student(s) now enrolled in our school. Please include cumulative file/transcript of grades, attendance report, birth certificate, health records including immunization records, discipline/expulsion records, and/or specialized program reports/records.

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize the release of school records and information of the above-named student to LAM Christian Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please send the requested information to:**

LAM CHRISTIAN ACADEMY  
4800 Ramsey Road  
Coeur d'Alene, ID 83815  
(208) 765-8238 phone  
(208) 765-6392 fax  
Email: [information@lamcda.org](mailto:information@lamcda.org)

Thank you in advance for your assistance,

\_\_\_\_\_  
LAM Office

\_\_\_\_\_  
Date

Date of Request \_\_\_\_\_

Date Records are Received \_\_\_\_\_