



REQUEST FOR STUDENT RECORD

Embassy Of Heaven Church
EmbassyOfHeaven.Org

Please type or print clearly using black ink:

School

Address

City, State, ZIP

_____, a former student in the _____ grade of your school has enrolled in the Embassy of Heaven Christian School. Please forward all records pertaining to this student to:

Student Records
Embassy of Heaven Christian School
8777 Basl Hill Road SE
PO Box 337
Stayton, Oregon 97383-0337

Signature of Records Custodian

I hereby give my permission for the records of the above-named student to be transmitted to the Embassy of Heaven Christian School.

Signature of Parent or Guardian

Date