



18440 US Highway 441
Mount Dora, FL 32757
T 352-383-9920
F 352-383-4140

info@myGatewayChristianSchool.com
www.myGatewayChristianSchool.com

STUDENT RECORDS REQUEST FORM

Name of Previous School: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

To the custodian of records of the above named school:

As per the request of the parent(s) and/or guardian(s) of the below named student, please send the cumulative educational records, including but not limited to, official transcripts, medical records, exceptional education records, psycho-educational evaluation reports, etc., to:

**GATEWAY CHRISTIAN SCHOOL
ATTN: REGISTRAR
18440 US HIGHWAY 441
MOUNT DORA, FL 32757
TEL: 352-383-9920
FAX: 352-383-4140**

Thank you for your cooperation.
Gateway Christian School

AUTHORIZATION

I/We hereby authorize the above named person and/or agency to release the above listed records to Gateway Christian School for my student:

Student's Name: _____

Student's Date of Birth: _____

Parent/Guardian Signature Printed Name Date

Parent/Guardian Signature Printed Name Date