

# Sonshine Christian Academy

7201 Sollers Point Road  
Baltimore, MD 21222  
(410) 285-0080



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## REQUEST FOR STUDENT RECORDS

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Principal/Counselor,

The following student(s) have enrolled for the \_\_\_\_\_ school year at Sonshine Christian Academy. Please release their academic and health records.

Student Name	Entering Grade
_____	_____
_____	_____
_____	_____

Please forward all records to my attention. Thank you for your cooperation.

Sincerely,

Pastor Terry Turbin  
Administration

Parent Signature: \_\_\_\_\_