

**NOTE TO PARENT:** Official records are required for your child's cumulative folder. Please provide necessary information on \* lines only, and **return with admissions packet**

**STUDENT RECORDS REQUEST**

TO: REGISTRAR

\* \_\_\_\_\_  
(School Name)

\* \_\_\_\_\_  
(Address)

\* \_\_\_\_\_  
(City, State, Zip)

SEND RECORDS TO:



**8110 Jewel Lake Road, Building D  
Anchorage, AK 99502**

**Phone: (907)245-9231 or Fax: (907)245-9232  
lchs@lumenchristiak.com**

NAME OF STUDENT	BIRTHDATE	GRADE
* _____	* _____	* _____

Last attended your school \_\_\_\_\_

Please forward the following information:

- \_\_\_\_\_ Complete Transcript with Grades to Date
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Disciplinary Records

\_\_\_\_\_  
Signature of School Official                      Date                      \* Signature of Parent/Guardian                      Date