



Libertas Christian School
5181 – 64th Avenue
Hudsonville, MI 49426
(616) 669-2270
www.LibertasChristianSchool.org

REQUEST FOR STUDENT CUMULATIVE RECORDS (CA-60)

I hereby give my consent for _____
(former school or educational agency)

Address _____

Fax _____ Phone _____

To send student cumulative records for:

Student's full name _____

Student's Date of Birth _____
(mm/dd/yyyy)

Please send these records to:

Libertas Christian School
Attn: School Office – Student Records
5181 – 64th Avenue
Hudsonville, MI 49426

In compliance with the Family Education Rights and Privacy Act, I am aware of my right as a parent or guardian and request that all school records of the above named student be sent to Libertas Christian School.

Parent/Guardian Signature

Date