



Allyson Bohlen, Principal

Record Request Authorization

To: _____

Please send records of the following students:

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Include the following records:

- All school courses
- Grades and credits given in each course
- Standardized test scores
- Psychological testing
- Health & immunization records
- Birth certificates
- Grades earned this year

Parent/Guardian Signature _____ Date _____

Send information to: Zion Classical Academy
465 South Marian Rd
Hastings, NE 68901
Fax: 402-462-5375