



"Now then we are ambassadors for Christ..." ~ 2 Corinthians 5:20

## OFFICIAL RECORDS REQUEST

To: \_\_\_\_\_  
(School Name)

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

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has enrolled in grade \_\_\_\_\_ at Liberty Baptist Academy

Please send copies of the following records:

- Transcript of grades
- Test data
- Health records
- Confidential records

Please Send Physical Records To:	Please E-Mail Digital Records To:
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Liberty Baptist Academy  
6501 W. Lake Mead Blvd.  
Las Vegas, NV 89108

lba@experienceliberty.com

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

