

School Record Request

_____, birthday: _____, is currently enrolled in the Hammond Baptist Schools in grade _____. Please send a copy of his transcript and other pertinent school records pertaining to this student to the following address:

Hammond Baptist Schools
134 West Joliet Street
Schererville, IN 46375

I hereby grant my permission for all confidential, medical, psychological, academic, and health information relative to _____ to _____ be released to the Hammond Baptist Schools.

Parent's Signature: _____ Date: _____