



Chestnut Ridge Academy & Satellite School
Records Request Form

Student Name _____ Birthdate _____ Grade _____

Former School or Homeschool Umbrella _____

Former School/Umbrella Mailing Address

Former School/Umbrella Phone _____ Fax _____

Former School Contact Email _____

I, _____, grant permission for a copy of my child's records to be sent to
(Parent/Legal Guardian name)

Chestnut Ridge Academy & Satellite School.

Signature of Parent/Guardian _____

The above-named student enrolled with Chestnut Ridge Academy & Satellite School on _____.
Please send copies of transcripts or cumulative records, standardized test scores, IEP (when applicable), and
birth certificate to:

Chestnut Ridge Academy
PO Box 49
Fayetteville, TN 37334

Phone (931)227-7391

FAX (931)208-6342

Email: ChestnutRidgeAcademy@gmail.com

Please be sure all photocopied transcripts are legible.

Patricia A. Hunt
Administrator Name (Print)

Date

Administrator Signature