



WOODSTREAM CHRISTIAN ACADEMY

9800 Lottsford Rd
Mitchellville MD 20721
301.955.1160 voice
301.955.1169 fax
www.woodstreamacademy.com

Request for Records

Records Location

Name of School: _____

Address: _____

City, St, Zip: _____

Student Information

Student #1: _____ Current Grade: _____ Date of Birth: _____
Last Name First Middle

Student #2: _____ Current Grade: _____ Date of Birth: _____
Last Name First Middle

Student #3: _____ Current Grade: _____ Date of Birth: _____
Last Name First Middle

**Please mail or fax all cumulative health
and educational records for the above student(s) to:**

**Woodstream Christian Academy * 9800 Lottsford Road * Mitchellville, MD 20706
Fax: 301.955.1169**

Parent/Guardian Approvals

*Please release all files, including but not limited to academic, psychological, medical, disciplinary and legal,
that pertain to each of my children listed above.*

Signature Printed Name Date

It is recommended the signer be familiar with the rights associated with "The Family Educational Rights and Privacy Act" (FERPA)

Please visit www.ed.gov/policy/gen/guid/fpco/ferpa/index.html for more information.