



CORNERSTONE

Christian Academy

CHRIST-CENTERED AND CLASSICAL EDUCATION

WWW.CORNERSTONEABINGDON.ORG

Name and Address of School:

Please release all the information below for _____
(student name)

- * Transcript of grades
- * Release of standardized testing
- * Health records and immunization records
- * Psychological examinations
- * Educational evaluations
- * All Category II Files
- * Social History
- * Medical evaluations
- * Speech/hearing evaluations
- * IEP or 504 Plan, eligibility meeting minutes, and evaluations
- * Disciplines records
- * Permission to speak to school by phone
- * Other _____

All records should be mailed to:
Cornerstone Christian Academy
P. O. Box 2228
Abingdon, VA 24212

OR faxed to: 844-323-9873

Thank you for your assistance.

Sharon Bolling
School Counselor
sbolling@cornerstoneabingdon.org