

For Parents to Request Transcripts from Previous Schools:

Transcript and Records Release Form for The Daniel Academy

The Daniel Academy is requesting the release of all records for the following student:

who was enrolled in your school (when attended)_____.

Please send all credits and courses completed through this institution to:

The Daniel Academy
PO Box 481843
Kansas City, MO 66148
816.943.0923

OR

Fax records to: 1-866-362-2245

Parent Signature: _____

Date: _____