



# Authorization for Transfer of School Records

School \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Send Records to:

***Cornerstone Christian School  
P.O. Box 1325  
Santa Clarita, CA 91386***

Authorization is given to transfer the school records of the following students to the above named school:

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Registrar / School Secretary \_\_\_\_\_ Date \_\_\_\_\_