



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 _____

Register / School Secretary _____ Date _____
