

Records Release Request

To the parent: Please complete and sign this release form and send it to your child's previous/current school.

I hereby authorize the release of complete school records for:

Student's name: _____ Birth date: _____

Last grade completed or current grade: _____

Please send all school records to Cornerstone Christian School.

Parent's Printed Name: _____

Parent's Signature: _____

Phone number: _____ Date: _____

To the school:

The above student has applied for admission to Cornerstone Christian School, 6500 Clark Rd, Paradise, CA. Please send the following:

- Student grades or evaluations for the current year.
- Transcripts of previous years.
- Records of all standardized achievement and aptitude tests.
- Immunization records.
- Attendance records.

Please return this form along with the requested records to:

Administrator
Cornerstone Christian School
6500 Clark Rd
Paradise, CA 95969
Phone: 530-877-3532
Fax: 530- 877-3577