



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 _____