

TRANSFER OF RECORDS AUTHORIZATION

(PLEASE TYPE OR PRINT CLEARLY)

Authorization is hereby given to send copies of all records (including academic, health, physiological, special testing, etc.) pertaining to:

Student's Name _____

First

Middle

Last

Date of Birth _____ Grade last completed _____

Academic year last attended _____ 20__ to _____ 20__

Send records from; (Give the complete name and address of the school previously attended.)

Send records to:

Lighthouse Christian Academy
2020 Bedford Street
Cumberland, MD21502
(301)777-7375
Attention Records

Signature of Parent or Guardian _____

Address _____

Date of Authorization _____