

Authorization for Transfer of Student Records

(Please submit to your child's current school)

Birthdate:	/ /	Grade Entering:	
		e above named student, authorize tecords of the above named student.	
School Name:			
School Address:			
		C.	Zip
	City	State	$\Sigma i p$
School Phone:	()	State	<i></i>

Attention Records Department:

Please mail this form, a copy of the student's transcript, 1st and/or 2nd semester report cards, immunization records, and the previous year's standardized test scores to:

Lancaster Baptist School Attention: Registrar 4020 E. Lancaster Blvd. Lancaster, CA 93535