



Authorization for Transfer of Student Records
(Please submit to your child's current school)

Student's Name: _____

Birthdate: _____ / _____ / _____

Grade Entering: _____

I, the parent or legal guardian of the above named student, authorize the release of the academic transcript and personal records of the above named student.

School Name: _____

School Address: _____

City _____ State _____ Zip _____

School Phone: (_____) _____

Parent Signature

_____/_____/_____
Date

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