

RECORD REQUEST FORM

NAME _____ GRADE: _____



The following transcripts must be included in this student's file by the first day of school.

Kindergarten Progress Report _____

1st Grade _____

2nd Grade _____

3rd Grade _____

4th Grade _____

5th Grade _____

6th Grade _____

7th Grade _____

8th Grade _____

9th Grade _____

10th Grade _____

11th Grade _____

PARENTAL AUTHORIZATION FORM

Authorization is hereby given to

(Name of Previous School Attended)

(School Address)

to release the records of the following students to:

Clinton Christian School
6707 Woodyard Road
Upper Marlboro, MD 20772
301-599-9600X306 / FAX 301-599-5577

Student: _____
Entering Grade _____

Student: _____
Entering Grade: _____

Student: _____
Entering Grade: _____

(Parental Signature)

(Date)

Note: All parents must sign an authorization form. If you have not signed the authorization form, please sign and return this form as soon as possible. It is the parents' responsibility to make sure Clinton Christian School receives the requested transcripts.

6707 Woodyard Road, Upper Marlboro MD 20772 • 301-599-9600 phone • 301-599-5577 fax • www.clintonchristian.org

AMINISTRY OF LIFE CHURCH

RECORD REQUEST FORM

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AMINISTRY OF LIFE CHURCH