

RECORDS TRANSFER AUTHORIZATION

I/We hereby authorize the transfer of all records (including academic, health and other) pertaining to:

STUDENTS NAME

ADDRESS

NAME OF FORMER SCHOOL
GRADE

LAST

ADDRESS OF FORMER SCHOOL

SCHOOL DISTRICT OF FORMER SCHOOL

MAIL TO: OAKWOOD CHRISTIAN SCHOOL
 260 OAKWOOD AVENUE
 TROY, NY 12182

OR FAX TO: 518-270-1659

DATE
PARENT/GUARDIAN

SIGNATURE OF

PLEASE SIGN AND RETURN THIS TO OAKWOOD CHRISTIAN SCHOOL FOR PROCESSING. THANK YOU.