

Oakwood Christian School

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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

LAST GRADE

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

SIGNATURE OF PARENT/GUARDIAN

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