

# REQUEST FOR STUDENT RECORDS

Cornerstone Christian School  
34570 Monte Vista Drive  
Wildomar, CA 92595  
Office 951.674.9381  
Fax 951.674.8462

Date \_\_\_\_\_

**Parents: Please complete and return this form to Cornerstone Christian School.**  
**(PLEASE do not mail, fax, or hand carry to previous school)**

### **School:**

The parents/legal guardians of the student named below request that their child's complete official transcripts, health records, cumulative folder, test data, behavioral evaluations/reports and other pertinent records be forwarded to **Cornerstone Christian School**.

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade \_\_\_\_\_

**Important:** Phone Number of last school attended: \_\_\_\_\_

Email Contact of last school attended: \_\_\_\_\_

Signature—Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature—Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Please forward complete records to:***



**Cornerstone Christian School**

Attn: Registrar  
34570 Monte Vista Drive  
Wildomar, CA 92595

Date Requested: \_\_\_\_\_

2nd Request: \_\_\_\_\_

3rd Request: \_\_\_\_\_