



REQUEST FOR STUDENT RECORDS

Parents: Please complete and return this form to Cornerstone Christian School.

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, behavioral reports and other pertinent records be forwarded to Cornerstone Christian School.

Student's First Name _____ M.I. _____ Last Name _____

Student's Date of Birth _____

School Last Attended: _____ Grade _____

City: _____ State: _____

Important: Phone Number of last school attended: _____

Email contact of last school attended: _____

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____

Please forward complete records to:

Cornerstone Christian School

Attn: Registrar
34570 Monte Vista
Wildomar, CA 92595
951-674-9381

1st Request: _____

2nd Request: _____

3rd Request: _____