



**CORNERSTONE**  
CHRISTIAN SCHOOL

## 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: \_\_\_\_\_