

# Bishop Adventist Christian School

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

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

Please send a complete transcript of grades, credits, all discipline records, results of standardized tests, immunization records, psychological report IEP (if applicable), and grades made at the time of withdrawal for the following student(s):

Students' Name

Birthdate

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_

By signing, I give permission for my child's educational records to be transferred from the above listed school to the Bishop Adventist Christian School.

Please send records to: Bishop Adventist Christian School  
730 Home St.  
Bishop, CA 93514