



**RECORDS TRANSFER REQUEST FORM**

**Send Records To:**

Cornerstone Classical School  
PO Box 1214  
830 South Ninth St.  
Salina, KS 67402  
Email: Headmaster@cornerstonesalina.com

\_\_\_\_\_ has transferred to Cornerstone Classical School.  
Please send all record data and information to the address stated above. This should include:

Basic Information	Birth Certificate	Health Records
Attendance Records	Academic Transcripts	Special Education Records
Achievement Scores	Special Services	Copy of Report Cards

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name of school student formerly attended \_\_\_\_\_

School Address \_\_\_\_\_

School Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

I hereby authorize the transfer of all school records for the above named student. By signing this request for transfer, I relieve the school which the above student was attending of the responsibility of notifying me that the records are being transferred.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent Name Printed \_\_\_\_\_

Address \_\_\_\_\_

Cornerstone Official Signature \_\_\_\_\_