



# Authorization to Transfer School Records

Send Records to:  
Allegiant Christian School  
PO Box 2589  
Riverside, CA 92516  
951-790-3941  
allegiantcs@gmail.org

\_\_\_\_\_  
School Name

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

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Authorization is given to transfer the school records of the following Students to Allegiant Christian School.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

Signature of Parent or Guardian: \_\_\_\_\_

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

\_\_\_\_\_  
Present address, City, State, Zip Code

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

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

Date of 1<sup>st</sup> Request: \_\_\_\_\_

Date of 2<sup>nd</sup> Request: \_\_\_\_\_