Transcript Release Form

Parents: Please complete and sign this form and forward it to your son's/daughter's present school. The school will then forward your child's records to Grace Christian School. Schools will not release the records of their students without the written authorization of the parents.

AUTHORIZATION TO SCHOOL

(Please print or type)

Applicant's Name _____ Grade _____
First Middle Last

Name of School _____

I hereby authorize the release of all records concerning the above-named student to Grace Christian School in Staunton, Virginia, to which the student has applied for admission.

Signature _____ Date _____
Parent/Guardian

Parent(s)/Guardian(s) Name(s)

_____

Please mail records to:

Grace Christian School
19 S. Market Street
Staunton, VA 24401