



Klamath Falls Adventist Christian School

2499 Main Street, Klamath Falls, OR 97601-2721
Ph. 541.882.4151 • Fax: 541.882.4151 • Email: wchdanielweston@aol.com

RECORDS TRANSFER REQUEST

To (PREVIOUS SCHOOL) _____

STUDENT'S NAME _____

BIRTH DATE _____ GRADE _____

PARENT / GUARDIAN AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the above named school / agency to release school records, as indicated below, to Klamath Falls Adventist Christian School for use in the educational program of my child.

- | | |
|--|--|
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Staff & IEP Records |
| <input type="checkbox"/> Academic Progress Records | <input type="checkbox"/> Behavioral Records |
| <input type="checkbox"/> Health / Immunization Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> Testing Records | <input type="checkbox"/> ALL OF THE ABOVE |

Signed: _____ Date: _____
PARENT / GUARDIAN

Address _____

PLEASE SEND RECORDS TO: **Klamath Falls Adventist
Christian School
2499 Main Street,
Klamath Falls, OR
97601-2721**