



## TRANSFER OF RECORDS

Please complete one set of this two-page form for each student transferring to LCA. This first page must be returned to LCA with the registration packet.

The form on the following page must be completed, **signed**, and submitted to the previous school to initiate the records release.

### For Liberty Christian Academy

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

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

Last Day Attended: \_\_\_\_\_

Graduated: Yes / No If so, date: \_\_\_\_\_

Cumulative Folder: \_\_\_\_\_ Transcript: \_\_\_\_\_ Health Card: \_\_\_\_\_ Report Card: \_\_\_\_\_

Reason for Release of Student Records:

Transfer: \_\_\_\_\_ College Entrance: \_\_\_\_\_ Employment: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



**AUTHORIZATION AND REQUEST TO RELEASE STUDENT RECORD INFORMATION**

Dear Parent:

This form is necessary in order to authorize the release of student record information from the student's prior educational institution. The records must be transferred to Liberty Christian Academy, as required by state educational regulations.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

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

Last Day Attended: \_\_\_\_\_

Graduated: Yes / No If so, date: \_\_\_\_\_

Please send all available records on the above-named student to:

**LIBERTY CHRISTIAN ACADEMY  
1626 VALLEY HIGH AVENUE  
THOUSAND OAKS, CA 91362**

Cumulative Folder: \_\_\_\_\_ Transcript: \_\_\_\_\_ Health Card: \_\_\_\_\_ Report Card: \_\_\_\_\_

Reason for Release of Student Records:

Transfer: \_\_\_\_\_ College Entrance: \_\_\_\_\_ Employment: \_\_\_\_\_

Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent: \_\_\_\_\_ Guardian: \_\_\_\_\_ Student: 18 Years Old or Over: \_\_\_\_\_