



“But those who wait upon the LORD shall renew their strength. They will mount up with wings like eagles...” Isaiah 40:31

RELEASE FOR STUDENT CUMULATIVE FILE

PREVIOUS SCHOOL'S INFORMATION:

Name _____

Address _____ City _____ State _____ Zip _____

Main Office () _____ School Fax () _____

Please release student records, including all report card grades, health records, test scores, and resource information, if any, to:

Santa Ynez Valley Christian Academy

P.O. Box 1570
Santa Ynez, CA 93460

For (name of student) _____

Student's Date of Birth _____ Previous Grade _____

Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Cell () _____ Email _____

Thank you,

For Office Use Only

1st Request _____ 2nd Request _____ 3rd Request _____
Date/ Staff Initials Date/ Staff Initials Date/ Staff Initials

Received _____