



TRANSFER OF RECORDS REQUEST

Date _____

Student's Name _____ Grade _____ Date of Birth _____

Last School Attended _____

Address _____

City, State, and Zip _____

School Phone _____ School Fax _____

The above mentioned school has my permission to release the following information:

- Cumulative permanent school records (including transcripts, test scores, withdrawal grades, attendance, and discipline records)
- Health records
- Psychological reports
- Special Education records (including active IEP and current diagnostic summary)
- Other (please specify): _____

(Signature of Parent/Legal Guardian)

Date

Print Name _____

Relationship to Student _____

Your prompt attention to this transcript request is appreciated.

Student cannot be accepted/enrolled until transcripts are received.

Please return to: River City Believers Academy
16875 Jones Maltsberger, San Antonio TX 78247
School Number (210) 656-2999
Fax Number (210) 496-2888