

FORM 3—Transfer Records Request 2019-2020

TRI-STATE CHRISTIAN ACADEMY
750 Steubenville Pike
Burgettstown, PA 15021
P: (724) 947-8722
F: (724) 947-0821

Date: _____

Fax#: _____

To: _____
School Name

Address

City State Zip Code

Authorization is given to the above named school to release the below checked information on my child:

Student's Name Date of Birth

- ✓ Transcript of grades
- ✓ Standardized achievement tests
- ✓ Attendance records
- ✓ Psychological testing results
- ✓ Health & immunization records
- ✓ Disciplinary offenses and actions

Please check one of the below statements:

_____ This student has no financial obligations related to this school.

_____ This student has a financial obligation of \$_____ for _____.

Please fax or return by mail to Tri-State Christian Academy as soon as possible. *Thank you!*

Tri-State Christian Academy Administrative Signature

Parent's/Guardian's Signature to release records to Tri-State Christian Academy