



TRANSCRIPT / RECORDS RELEASE FORM

Release Records To:

Cornerstone Classical School
PO Box 1214
830 South Ninth St.
Salina, KS 67402
Email: Headmaster@cornerstonesalina.com

Please send the record data and information in the box below to the address stated above.

Basic Information	Birth Certificate	
Attendance Records	Academic Transcripts	Special Education Records
Achievement Scores	Special Services	Copy of Report Cards

Student Name _____ Date of Birth _____ Grade _____

Current School _____

School Address _____

School Email _____ Phone () _____ FAX () _____

I hereby authorize the release of all school records for the above named student.

Signature of parent or legal guardian _____ Date _____

Parent Name Printed _____

Address _____