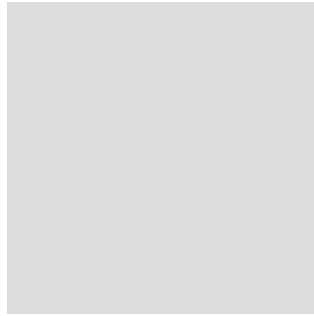


# Cross Lanes Christian School

5330 Floradale Drive, Cross Lanes, WV 25313

## Student Transcript Request

DATE:



### Request for Records

**TO:** Text Field

Name of Student

**Social Security #:** Text Field

**Date of Birth:** Text Field

I have applied for admission to

I hereby authorize you to release my transcript and any other information required.

PLEASE FORWARD MY TRANSCRIPT TO:

Contact name:

Department: ADMISSIONS

Name of School:

Street Address:

City/State:

Zip:

Phone:

Fax:

*SIGNATURE:*

Date Received:

Sent by:

Via: MAIL / FAX /

Date Sent