



Please send records to:
Cornerstone Christian School
718 Barrow Street
Abilene, Texas 79605
(325) 676-8232
cornerstoneabilene@gmail.com
www.cornerstoneabilene.com

Student Records Release Authorization

***PARENTS: If your child is entering K-6th and has records at a previous school, please fill this form out completely.**

Cornerstone Christian School reserves the right for the exclusion of an applicant who has a documented history of discipline challenges. Final enrollment acceptance is based on a review of discipline records.

TO:

(School Name)

(Phone Number)

(Street Address)

(City, State Zip)

FROM: Larry Brokaw, Cornerstone Christian School Administrator

RE: Records for: _____
(Student's Name)

Please release the following records for the above referenced student who attended your school during the following years:

Records requested include:

- Transcript/Cumulative Record
- Health Records
- Achievement Scores
- Special Education Reports
- All ARD Records
- All IEP Records
- Gifted and Talented Record

I hereby authorize release for the above information for _____
to whom I have parental or guardianship relation. (Student's Name)

(Parent or Guardian's Signature)

(Date)

(Printed Name)