



# AUTHORIZATION TO RELEASE TRANSCRIPTS BEREAN CHRISTIAN HIGH SCHOOL

## PARENT INFORMATION

To be completed by the applying student's parent(s) or guardian(s). Please complete and sign this form and forward to the present or last school in which your child was enrolled.

APPLICANT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE CURRENT GRADE LEVEL

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

My child is an applicant for admission to Berean Christian High School. I hereby *authorize you to release to Berean Christian High School*, in the enclosed envelope, the following records: (1) a certified copy of the complete transcript (including grades, credits, all standardized test results, and conduct reports), (2) immunization health records and (3) a copy of all disciplinary records.

\_\_\_\_\_  
PARENT'S / GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
PARENT'S / GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

## PREVIOUS SCHOOL INFORMATION

### School Administrative Staff

NAME OF CURRENT/PAST SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL PHONE (\_\_\_\_) \_\_\_\_\_ SCHOOL FAX (\_\_\_\_) \_\_\_\_\_

## RETURN COMPLETED DOCUMENTS

### Mail to:

Director of Admissions  
Berean Christian High School  
245 El Divisadero Ave  
Walnut Creek, CA 94598-4112

### Questions:

Phone: 925-945-6464 Ext.204  
Fax: 925-945-7473  
[info@berean-eagles.org](mailto:info@berean-eagles.org)