



# 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 it 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, the below information.

- A copy of the last two years report cards (including current grades).
- Transfer Student - A copy of the complete transcript (including current grades).
- A copy of the last two years of standardized test results.
- A copy of ALL disciplinary and conduct reports.
- A copy of Immunization health records.

I also authorize the Administration of Berean Christian to contact, either verbally or electronically, the sending institution in regards to the behavior records of the aforementioned student. Furthermore, I waive my right to review the information provided on this form.

\_\_\_\_\_  
Parent's /Guardian's **Printed Name** 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

**Email:** Admissions@bereanchristian.com

**Fax:** 925-945-7473

**Questions: Phone:** 925-945-6464 Ext.204