



GRACE
Christian School

Authorization for Release of Official Student Transcript

Please complete the authorization below and return the form to the Crossroads Campus Office. College names and addresses are required in order for GRACE Christian School to send transcripts.

| | | |
|---------------------|------------|-------------|
| Student's LAST Name | First Name | Middle Name |
|---------------------|------------|-------------|

| | |
|-----------|-------|
| Birthdate | Grade |
|-----------|-------|

| | |
|------------------------------------|------|
| Signature of Parent/Legal Guardian | Date |
|------------------------------------|------|

Please mail Official Student Transcript to the following colleges or universities on behalf of the above named student.

College/University

Address
