



**Private Satellite School Program (PSP)
REQUEST FOR STUDENT RECORDS**

Student Last Name First Name Middle Initial Birth date

Please Print:

School Last Attended: _____ Grade _____

School Fax #: _____ School Phone #: _____

School Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent/Legal Guardian _____ Date _____

The parents/legal guardians of the student named above request that their child's complete official transcripts, health records, cumulative folder, test data, behavioral evaluations, behavioral reports and other pertinent records be forwarded to Cornerstone Christian School. Thank you for your prompt response.

Please forward complete records to:

Cornerstone Christian School
Attn: PSP Coordinator
34570 Monte Vista Drive
Wildomar, CA 92595

*Cornerstone Christian School, 34570 Monte Vista Rd., Wildomar, CA 92595
951.674.9381. 951.674.8462 fax*