



West Valley Christian Academy

1790 Sequoia Blvd.
Tracy, CA 95376
(209) 832-4072
Fax: (209) 832-4074

Request for Transfer of Student's Educational Records

Name of Previous School Attended: _____

Street Address: _____

City/State: _____ Zip: _____

Student's Name: _____

Birth Date: _____

Grade Entering: _____

I hereby authorize cumulative records for the above name student to be released to:

**West Valley Christian Academy
1790 Sequoia Blvd.
Tracy, CA 95376**

Parent/Guardian Signature: _____

Date: _____

For West Valley Christian Academy Office Use Only

Signature of WVCA Representative: _____

Date Cumulative File Received: _____ Reviewed by: Secretary _____ Principal: _____