

***Milford Christian School***

6062 Old Shawnee Road – Milford, DE 19963 – (302) 422-4263

**TRANSFER STUDENT RECORDS REQUEST**

Date: \_\_\_\_\_

Dear Sir,

We are requesting records for \_\_\_\_\_,  
who has enrolled as a student in Milford Christian School. Please include test results,  
academic achievement, and other pertinent information from all grades completed through  
the student's withdrawal date.

We would appreciate this information as soon as possible allowing evaluation for proper  
placement as enrollment application is for the \_\_\_\_\_ grade.

Thank you for your expediency in handling this request.

Regards,

Milford Christian School

I authorize the release of all records for the student mentioned above.

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_