



# STUDENT TRANSCRIPT REQUEST

## Cross Lanes Christian School

5330 Floradale Dr, Cross Lanes, WV 25313

Phone: (304) 776-5020 Fax: (304) 776-5074

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Cross Lanes Christian School to release my transcript and other required information to:

Name of School: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Name (if applicable): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Date Received: _____ Sent By: _____ Vis: MAIL/FAX Date Sent: _____
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