

# Coastal Academy

## Authorization to Transfer School Records

To: SCHOOL RECORDS SUPERVISOR

School Name \_\_\_\_\_

Address \_\_\_\_\_

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

Dear School Records Supervisor,

As the parent/guardian of the below named pupil(s), I hereby request and authorize the transfer of all school records related to said pupil(s), to Coastal Academy, a private Christian School. Please send records to:

**Coastal Academy**  
**25501 Oak Street**  
**Lomita, CA 90717**  
**(310) 644-0433**

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (    ) \_\_\_\_\_