



Authorization for Transfer of Student Records

Name of previous school _____

School Address _____

School City, State, and Zip _____

Pupil's Name _____

Pupil's Date of Birth _____

Last Grade of School Completed _____

I authorize transfer of school records for the above pupil to:

Celebration Academy, 1135 Bluebell Drive Livermore, CA 94551

Attn: Records Custodian

Signature of parent or legal guardian _____

Date _____