

Transfer Authorization

We hereby authorize the transfer of all records (including health, academic and other) pertaining to:

Student's Name

Full Mailing Address

From: _____
Grade

Name of former school

Street Address

City, State and Zip Code

To: Grace Christian School
104 Kocher Drive
Bennington,, Vt. 05201
Fax: (802) 442-8403

Date

Signature of Parent or Guardian



104 Kocher Drive, Bennington, VT 05201 | 802.447.2233 | GCSVT.ORG