Saguaro Hills Adventist Christian School 4280 W. Irvington Rd. Tucson, AZ 85746 520-325-1454 saguarohillsschool@gmail.com



## **REQUEST for TRANSFER of STUDENT RECORDS**

(Not applicable for Kindergarten Students)

Check	Records Requested				
	ALL RECORDS				
	Grade transcript or Report Card				
	Mental Ability Test Results				
	Achievement T				
	Health Records				
	Clinical Test Re				
	Other:				
Student:					
Student: First		Middle		Last	DOB
Send to:					
Name of Previou	s School:				
Address:					
City		State	Zip	fax number	
	•		•		
Email of registrar/secretary				phone numb	 ner
Email of registrary secretary				phonenamo	
Authorized by:					
Parent/Guardian Signature				Date	