



ROSEBURG CHRISTIAN ACADEMY

A SEVENTH-DAY ADVENTIST SCHOOL • GRADES K-8

1653 NW Troost St. Roseburg, OR 97471

talktorca@gmail.com Ph: (541) 673-5278 Fax: (541) 672-9785

RECORDS TRANSFER REQUEST

STUDENTS PREVIOUS SCHOOL NAME AND ADDRESS:

PREVIOUS SCHOOL FAX #: _____

STUDENT'S NAME _____

BIRTH DATE _____ GRADE ENTERING _____

PARENT / GUARDIAN AUTHORIZATION TO RELEASE RECORDS:

I hereby authorize the above named school / agency to release school records, as indicated below, to Roseburg Junior Academy for use in the educational program of my child.

- | | |
|--|--|
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Staff & IEP Records |
| <input type="checkbox"/> Academic Progress Records | <input type="checkbox"/> Behavioral Records |
| <input type="checkbox"/> Health / Immunization Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> Testing Records | <input type="checkbox"/> ALL OF THE ABOVE |

Signed: _____ Date: _____
PARENT/GUARDIAN

Students mailing Address _____

**PLEASE SEND RECORDS TO: ROSEBURG CHRISTIAN ACADEMY
1653 NW TROOST ST.
ROSEBURG, OR 97471-6005**