



REQUEST FOR TRANSFER OF RECORDS

School Last Attended _____

Street Address _____

City _____ State _____ Zip _____

I request that you send a copy of the cumulative records including the permanent record card, test records and medical records for the following pupil(s) to the school listed below.

Last First Middle

Last First Middle

Last First Middle

Last First Middle

Please send to:

School _____ **Mayfair Christian School** _____
2350 Graybill Road

Street Address _____ Uniontown, OH 44685 _____

City _____ State _____ Zip _____

Signed: _____

(Parent or Guardian)