



PROVIDING CHILDREN WITH EDUCATION FOR ETERNITY

## Transcript Request Form

Request for Student Records

Date: \_\_\_\_\_

To:  
School Name: \_\_\_\_\_

School  
Address: \_\_\_\_\_

Please send the Academic and Health Records pertaining to the following student who has enrolled in Mountain View Christian School:

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Last Grade Enrolled: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

From:  
Mountain View Christian School  
305 Fleming Street  
South Williamsport, PA 17702-7435

Phone: (570) 327-9238  
Email: [info@mvchristianschool.com](mailto:info@mvchristianschool.com)  
Fax: Call first then (570) 37-9238