

Records Release Form



024 Academy Dr. Corrales, NM 87048

(505) 897-4805

svcsinfo@sandiaview.org

(Please type or print all information in blue or black ink)

To _____ Date _____
School Name

School Address

City State Zip

Child's Name _____ Grade _____ DOB _____

Child's Name _____ Grade _____ DOB _____

Child's Name _____ Grade _____ DOB _____

The above student(s) has/have enrolled in our school. Please send the entire academic records including any current standardized test results.

Please forward all records to: Sandia View Christian School
024 Academy Drive
Corrales, NM 87048
Office (505) 897-4805
Fax (505) 899-5867

If student(s) left during a grading period, please indicate withdrawal grades earned to that point.

Parent / Legal Guardian Date