**PIONEER FAMILY ACADEMY **

AUTHORIZATION FOR TRANSFER

OF SCHOOL RECORDS

To the Registrar at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School

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Street address or mailing address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip

Phone Number Fax Number

We request that you transfer the cumulative files of the following students to:

Pioneer Family Academy

1799 S. Winchester Blvd.

Campbell, CA, 95008

(408) 370-4337

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Student’s name Date of Birth

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