

# LITITZ CHRISTIAN SCHOOL

A MINISTRY OF GRACE CHURCH

## TRANSCRIPT AUTHORIZATION

I, the parent/guardian of \_\_\_\_\_, from the  
graduating class of \_\_\_\_\_

or

I, \_\_\_\_\_, over 18 years of age, from the  
graduating class of \_\_\_\_\_ hereby grant permission to Lititz Christian  
School to forward transcript materials, i.e. grades, class rank, test scores, etc.

to:

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

\_\_\_\_\_  
Parent/Student signature

\_\_\_\_\_  
Date

LITITZ CHRISTIAN SCHOOL

MORNINGSTAR CHRISTIAN PRESCHOOL, KINDERGARTEN, AND DAYCARE

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