

**RELEASE OF RECORDS**

The student below has enrolled or plans to enroll in Cornerstone School. Please forward an official transcript to:

**Cornerstone School  
Box 89020  
Sioux Falls, SD 57109  
Attn: Adam Brucklacher**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I give my permission for this record transfer.

Parent's signature: \_\_\_\_\_

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