



SAN FERNANDO VALLEY ACADEMY

17601 LASSEN STREET, NORTHRIDGE, CA 91325

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AUTHORIZATION FOR TRANSFER OF PUPIL RECORDS 2021-2022 SCHOOL YEAR

NOTE: THIS FORM IS TO BE RETURNED TO SFVA WITH THE APPLICATION FORMS

APPLICANT'S NAME _____ DATE OF BIRTH _____ PRESENT GRADE _____

AUTHORIZATION IS HEREBY GIVEN FOR TRANSFER OF SCHOOL RECORDS OF THE ABOVE-NAMED PUPIL.

FROM SCHOOL _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE _____ FAX _____

TO: SAN FERNANDO VALLEY ACADEMY
17601 LASSEN STREET
NORTHRIDGE, CA 91325

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

According to California State Law, Section 49068 of the Education Code, the original California School Immunization Record needs to be enclosed with the student's transcripts.