



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

It is the student's responsibility to follow up with the institution within 1 week of this request to verify that the transcript has been received.