

GREATER WORKS CHRISTIAN SCHOOL RECORDS RELEASE FORM

301 COLLEGE PARK DR. | MONROEVILLE, PA 15146
PH: 724.327.6500, EXT. 135 | FAX: 724.325.4602
WWW@GREATERWORKSCHRIANSCHOOL.ORG



(This form is required for **ALL** records release EXCEPT transcript requests for current student college applications.)

***Please allow two weeks for all requests.**

Check one:

- Currently enrolled GWCS Student; current grade level: _____
- Alumni of GWCS; year of graduation: _____
- No longer enrolled at GWCS; last year attended GWCS: _____

I authorize Greater Works Christian School to send a copy of _____
First Middle Last Name, transcript, standardized test scores, and pertinent records to the school(s) listed below.

Student or Alumni Date of Birth: _____

Current Phone Number: _____

Parent or Alumni Signature Required

Please send records to the following (school name & address):
Fax your completed form to 724.325.4602, Attention: School Secretary or mail to:
Greater Works Christian School Attn: School Secretary, 301 College Park Drive, Monroeville, PA 15146

Internal Use Only:

Date Request Received: _____

Business Office Approval: _____ Date Records Sent: _____