



SAN FERNANDO VALLEY ACADEMY

17601 LASSENT STREET, NORTHRIDGE, CA 91325

TEL. (818) 349-1373

WWW.SFVA.ORG

AUTHORIZATION FOR TRANSFER OF PUPIL RECORDS

2025-2026 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 _____ E-MAIL _____

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.