



(626) 859-5005  
www.wchas@westcovinahills.org

**REQUEST FOR CUMULATIVE RECORDS**  
**2024-2025 School Year**

STUDENT NAME	GRADE	DATE OF BIRTH
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The above-named student is now enrolled in our school. Please send all school records including cumulative, health, guidance, and psychological records of the above-named student. If your district does not allow sending the original records, please forward an exact copy of the records. The parents/guardian have been informed of this request.

**PLEASE SEND TO:**

**WEST COVINA HILLS ADVENTIST SCHOOL**  
**3528 E. Temple Way**  
**West Covina, CA 91791**

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Requested by: \_\_\_\_\_ Date \_\_\_\_\_