



# STUDENT RECORD RELEASE

MICHIGAN CONFERENCE

Seventh-day Adventist Education System

School of Last Attendance: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name	Birth Date	Grade
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Name	Birth Date	Grade
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Name	Birth Date	Grade
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I hereby authorize \_\_\_\_\_ (name of school or principal) to send the cumulative record folder for the above student/s which would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and other information that might assist in placement and guidance to:

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_