



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: _____