

## STUDENT RECORD RELEASE

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

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

Address \_\_\_\_\_

Dear Records Clerk/Registrar:

The following student has enrolled in our school

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

*I hereby authorize the school listed above to send the Cumulative Record 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 the Simi Valley Adventist School.*

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

\_\_\_\_\_  
Registrar