



STUDENT RECORD RELEASE

MICHIGAN CONFERENCE
Seventh-day Adventist Education System

School of Last Attendance: _____

Address: _____

Phone Number: _____

Fax Number: _____

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

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: _____