



# 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: \_\_\_\_\_