



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: **Niles Adventist School** _____

Address: **110 N. Fairview Avenue** _____

City: **Niles** State: **MI** Zip: **49120**

Parent/Guardian Signature: _____

Date of Request: _____