

**Arkansas-Louisiana Conference
Seventh-day Adventist Education System**

STUDENT RECORD RELEASE

Date of Request: _____

School of Last Attendance:

Dear Records Clerk/Registrar:

The following student(s) has enrolled in our school on _____.

_____ Name	_____ Birth Date	_____ Grade
_____ Name	_____ Birth Date	_____ Grade
_____ Name	_____ Birth Date	_____ Grade

Please send the cumulative records which would include transcripts, attendance records, standardized test results, health and immunization records, grades to date of withdrawal, and other information that might assist in placement and guidance to:

Thank you.

Parent/Guardian Signature

Date Sent: _____

Principal/Head Teacher Signature