



*EAGLE ADVENTIST CHRISTIAN SCHOOL*  
*538 W. STATE*  
*EAGLE, IDAHO 83616*  
*208-938-0093*

## Request for Transfer of Records

Dear Parents of new students,

Please fill in the information at the bottom of this form so that we can send for your child's records from their former school.

Sincerely,  
Eagle Adventist Christian School

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Name & Address of Last School Attended:

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## Student Record Release

Records/ Registrar:

The following student(s) have enrolled in our school:

Name	Birth Date	Grade
1.		
2.		
3.		

I hereby authorize permission for the cumulative records for the above student(s) including transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal and any other information that might assist in placement and guidance to be sent to:

**EAGLE ADVENTIST CHRISTIAN SCHOOL**  
**538 W. STATE**  
**EAGLE, IDAHO 83616**

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

Note: Principal of school to which student/s is/are transferring:

For transfer of students from another Idaho Conference School: Send this form to the office of Education for processing. Do not send to the former school.

For transfer of students from another conference or public school: Send this form directly to the former school.