

REQUEST FOR RECORDS
ANTELOPE VALLEY JUNIOR ACADEMY

(NEW STUDENTS ONLY)

Please fill in the following information regarding the student's previous school. Return this form with your application to AVJA.

Student name: _____
Last First Middle

Birth date: _____
Month/Day/Year

Previous School: _____

School Address: _____

School Phone: (____) _____

I hereby approve the release of all available educational, psychological, social or medical records regarding the above-mentioned student.

Parent or Guardian Signature: _____ Date: _____

The following is for AVJA Office use only:

- Unofficial Transcript
- Official Transcript
- Cumulative Folder
- Immunizations and Health Records
- Withdrawal Grades

Send to:

Admissions

Antelope Valley Adventist School

45002 Fern Avenue
Lancaster, CA 93534

Authorized Signature _____ Date _____