



# STUDENT RECORD RELEASE

**MICHIGAN CONFERENCE**  
Seventh-day Adventist Education System

School of Last Attendance: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone 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:

Niles Adventist School  
\_\_\_\_\_

110 N Fairview Ave  
\_\_\_\_\_

Niles, MI 49120  
\_\_\_\_\_

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

Date of Request: \_\_\_\_\_