

**PARENTAL CONSENT FOR RELEASE OF STUDENT INFORMATION**

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

By my signature I hereby grant permission for the release of the cumulative folder and /or transcript of

\_\_\_\_\_, whom I certify to be my child or legal ward. This student

attended your school during the \_\_\_\_\_ school year and was in the \_\_\_\_\_ grade.

Please release the above records to:

**OMAK ADVENTIST CHRISTIAN SCHOOL  
P.O. BOX 3294  
OMAK, WASHINGTON 98841-3294**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian