

Bay Knoll School Seventh-day Adventist School
Request for Student Records/Transcript Form

New York Conference of Seventh-day Adventist School System

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

P.O. Box/Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ - _____ Fax: () _____ - _____

By my signature, I hereby grant permission for the release of the cumulative folder, medical records, immunization records, achievement scores, most recent and past grade reports, and/or transcripts of: _____ (print full legal name of students), who I certify to be my child or legal ward. This student attended your school during the _____ - _____ school year and was in grade _____.

The records listed above are to be released and sent to the following school:

Bay Knoll Seventh-day Adventist School
(Student Transcripts)
2639 East Ridge Road
Rochester, NY 14622-2722
Phone: (585) 467-2722
Fax: (585) 467-9722

Requested by: _____ (Parent/Legal Guardian)

Parent / Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only

Date Sent: _____
Date Received: _____