



Indiana Conference of Seventh-day Adventist Schools

## Student Record Release Form

Student's Full Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Previous School's Address: \_\_\_\_\_

\_\_\_\_\_

Previous School's Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

The student listed above has enrolled in our school. We request the following records:

- *Cumulative-Permanent School Record*
- *Psychological Testing Records including IEP, Outside Evaluations or Psychological Reports*
- *Immunization Records and/or Health Reports*
- *Speech Therapy Records*
- *Copy of Birth Certificate*
- *Social Security Number*

It is our understanding that because of the revision in the Family Rights and Privacy Act (Buckley Amendments), it is no longer necessary to obtain written consent to release records between schools. Our understanding is that the school in which the student intends to be enrolled may receive a student's records without a written consent for such release. Please forward all records for the student identified above to the school address shown directly below my signature.

Thank you very much for your help.

Sincerely yours,

Elkhart Adventist Christian School  
3601 East Bristol Street  
Elkhart, IN 46514  
(574) 266-9018