

# REQUEST TO RELEASE RECORDS

*Dakota Conference  
of Seventh-day Adventists®*



To: \_\_\_\_\_

School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

**The following student/s have enrolled at our school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send any educational, testing, health or other pertinent information that you may have regarding these students to:**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

Thank you very much.

Sincerely,

\_\_\_\_\_  
School Official/Principal

I hereby give permission for my child's records to be forwarded to:

\_\_\_\_\_  
School Name

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

\_\_\_\_\_  
Date