



STUDENT RECORD RELEASE

Michigan Conference
Seventh-Day Adventist Education System

School of Last Attendance: _____

Address: _____

Phone Number: _____

| | | |
|--------------|------------|-------|
| _____ | _____ | _____ |
| Student Name | Birth Date | Grade |
| _____ | _____ | _____ |
| Student Name | Birth Date | Grade |
| _____ | _____ | _____ |
| Student Name | Birth Date | Grade |

I hereby authorize _____ (name of school or principal) to send a copy of HS transcript, elementary report card for last grade/semester completed, latest Standardized Test results, grades to date, ESL assessments, 504, IEP, or other documented accommodations and any information regarding behavior to:

Grand Rapids Adventist Academy
1151 Oakleigh Rd NW
Grand Rapids, MI 49504 Or Fax to **616.791.7242**
Or Email to info@graa.com

Parent Signature

Date

Printed Parent Name