

REQUEST TO RELEASE RECORDS

*Northern New England 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