

**Sample**



**Release of Student Records for  
Transferring Students  
Anytown Adventist School**

Please give the contact information for the school that your child is currently attending or last attended:

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

To Whom It may Concern:

The following students has enrolled in, or been accepted to, Anytown Adventist School.

_____	_____
Name of Student	Date of Birth

Please forward all school records that are needed for this change of schools.

- Cumulative Folder and/or report cards
- Withdrawal Grades – with your grading key
- Health and Psychological Records
- Academic Testing Information

If for any reason your school is not able to release these records, please advise us immediately.

Thank you for your assistance.

_____	_____
Parent's Signature	Date

_____	_____
School Official's Signature	Date