

Student Record Release

Date of Request: \_\_\_\_\_

School of Last Attendance:

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

Dear Records Clerk Registrar:

The following student(s) has/have enrolled in our school on \_\_\_\_\_.

\_\_\_\_\_  
*Name* *Birthdate* *Grade*

\_\_\_\_\_  
*Name* *Birthdate* *Grade*

\_\_\_\_\_  
*Name* *Birthdate* *Grade*

\_\_\_\_\_, Principal

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I hereby authorize \_\_\_\_\_ to send the cumulative record which would include transcripts, attendance records, test results, health and immunization records, grades to date of withdrawal, and other information that might assist in placement and guidance to:

Corinth SDA School  
P.O. Box 9  
Glen, MS 38846

\_\_\_\_\_, Parent/Guardian