



Record Request Form

I/We, the undersigned parent(s)/guardian(s) of

(Name of Student)

Do hereby authorize

(Previous – School's Name)

(School's Address)

(City, State, Zip Code)

To Release –

- *Academic Records*
- *Behavioral Disciplinary Records*
- *Test Scores*
- *Immunization, health- A45*
- *Other pertinent records*
- *IEP/Evaluations (If Applicable)*

Signature: _____

Parent(s)/Guardian(s)

MAIL RECORDS TO:

Tranquility Adventist School
3 Academy Lane
Andover, NJ 07821

E-mail: elopez@njadventistschools.org