



STUDENT RECORD RELEASE FORM

LAKE REGION CONFERENCE
Seventh-day Adventist Education System

School of Last Attendance: _____

Address: _____

Phone Number: _____

Fax Number: _____

Name	Birth Date	Grade

I hereby authorize _____ to send the cumulative record folder for the above student(s) 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:

Flint Fairhaven Elementary

1379 W. Louis Ave
Flint, MI 48505

Parent/Guardian Signature: _____

Date of Request: _____