Mills River Seventh-day Adventist School
2142 Jeffress Rd.
Mills River, NC 28759
Phone: 828-309-0701
Email: millsriversdaschoolk8@gmail.com

STUDENT RECORDS RELEASE

Date: _____

School of Last Attendance: _____

Mailing Address: _____

_____

Phone : _____ Email : _____

I hereby authorize the release and transfer of the following records for the students named below to the Mills River Seventh-day Adventist School:

Cumulative Records
Transcripts
Attendance Records
Assessments (academic, psychological, medical)
Birth Certificate
Health & Immunization Records
Grades (to date of withdrawal)
Applicable IEP's

Signature of Parent/Legal Guardian: _____

Student Name:	Date of Birth:	Grade Entering:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your prompt attention in this matter.

_____ _____

Grant Wolters, Principal Date of Request