



RECORD RELEASE

PARENTS/GUARDIANS OF TRANSFER STUDENTS: Please complete this form and submit it to the school office and we will mail it for you.

AUTHORIZATION

STUDENT'S LEGAL NAME: _____

NAME OF PREVIOUS SCHOOL ATTENDED: _____

SCHOOL'S STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL'S PHONE NUMBER: _____

We request the transfer of:

- All records **OR** ONLY those records as checked below:
- Grade reports
 - Mental ability test results
 - Achievement test results
 - Health records
 - Clinical test results

PARENT'S SIGNATURE: _____ DATE: _____

RECORD REQUEST

Attention School Personnel:

The student named above is transferring to Shenandoah Valley Adventist Elementary School. Please forward the records requested above.

Please send the records to the following address:

Shenandoah Valley Adventist Elementary School
115 Bindery Rd.
New Market, VA 22844

Thank you for sending these records as soon as possible. If you have questions, please call (540) 740-8237.

Thank you for your consideration.

S.V.A.E. Secretary