

# REQUEST FOR TRANSFER OF RECORDS

Student Name		
Street Address	Phone	Date
City, State, Zip		
Place of Birth	Date of Birth	

**Last School Attended:**

Name of School	
Address	
Teacher	Grade
Phone	

Send Records To:

**Meadow Glade Adventist Elementary**  
18717 NE 109<sup>th</sup> Ave  
Battle Ground, WA 98604

360-687-5121      Fax: 360-687-7166

**Record Request**

I hereby request the release of records indicated for the above named student, I understand my right to review these records.

- Academic Progress Records
- Health Records
- Behavioral Records
- Special Ed. Records
- Other Records \_\_\_\_\_
- No Records on File – Explain

Print Name	Signature	<input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Address		

Signature of School Official
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