



Meadow Glade Adventist Elementary

REQUEST FOR TRANSFER OF RECORDS

Student Name	Date
Date of Birth	

LAST SCHOOL ATTENDED:

Name of School	
Address	
Teacher	Grade
Phone	
<i>(required)</i> Email to scan request to:	

SEND RECORDS TO:

(Preferred method is email: theinrich@mgaes.org)

Meadow Glade Adventist Elementary School

18717 NE 109th Avenue

Battle Ground, WA 98604

P: 360-687-121

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
- No Records on File – EXPLAIN:

Parent Print Name	Signature
Signature of School Official	