

Mills River Seventh-day Adventist School
2142 Jeffress Road
Mills River NC 28759
Phone: 828-785-2319; Fax: 828-891-2021

STUDENT RECORDS RELEASE

Date _____

School of Last Attendance: _____

Mailing Address: _____

Phone: _____ Fax: _____

*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 Record
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 _____

Name

Date of Birth

Grade Entering

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your prompt attention in this matter.

Principal

Date of Request