

Emmanuel SDA School & Preschool
Student Records Release Form

Student's Name _____

SS# _____ Date of Birth _____ Applying for Grade _____

Present or last school attended _____

Address _____

City _____ State _____ Zip _____

Phone _____

Please forward the following records for the above named student:

- Transcript of grades including grades to date of withdrawal
- Health Records/immunization with dates
- Psychological Evaluation/ IEP/ Specialized testing results (if applicable)
- Standardized test results
- Disciplinary Records

I authorize the above-named school to release the information specified above to the Emmanuel SDA School & Preschool. Please mail or fax the requested information to the address/fax number listed below.

Parent/Guardian Name _____

Signature _____

Date _____

Thank you for your assistance.

Emmanuel SDA School & Preschool
ATTN: Registrar
702 North Cherry Street
Phone: 985 345-7713