ARKANSAS-LOUISIANA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Education Department

STUDENT EDUCATION RECORDS REQUEST FORM

Name of Student: _____

Grade: _____ Date of Birth: _____

Send records to:

School: _____

Street: _____

City: _____ State: _____ Zip: _____

Request documents from:

School: _____

Street: _____

City: _____ State: _____ Zip: _____

Authorization:

I as the parent/guardian of _____ give permission to send all records (cumulative file with grade reports, health records, and any special testing) regarding my child to the requesting school.

Parent/Guardian Signature: _____ Date: _____