



Request for Student Records

School previously attended:

School: _____
 Address: _____
 City/State/Zip: _____

_____	_____	_____
Student Name	Birthdate	Grade

has enrolled at Milo Adventist Academy. Please forward the following educational records as soon as possible:

- Transcript with grading scale and school accreditation
- Withrdawal grades
- Cum folder, including all behavioral/psychological records
- Health/Immunization records

Thank you,

_____	_____
Cheryl Andrieux Registrar-541-825-3200 ext. 3319	Date

Address the records to: Registrar
 Milo Adventist Academy
 P.O. Box 278
 Days Creek, OR 97429

PARENT/LEGAL GUARDIAN PERMISSION

I hereby authorize the release of the educational records for the above named student in accordance with the laws of the state of Oregon. (ORS 336.215)

I hereby give permission for the behavioral records of the above named student to be sent to Milo Adventist Academy.

_____	_____
Signature of Parent/Legal Guardian	Date

*Applicant:
 Return this completed form to Milo Academy (not your previous school). Thank you!*