

Caldwell Adventist Elementary School

A HIGHER Standard: **Learning, Faith, Citizenship, and Life**
Education for Earth, Preparation for Heaven

Student Record Release

Dear Records Clerk/Registrar of:

Previous School: _____

Address: _____

Phone: (_____) _____

Fax: (_____) _____

Please send all cumulative records for the student(s) listed below, including transcripts, attendance records, test results, health and immunization records, grades-to-date of withdrawal and any other information that might assist in placement and guidance to:

Caldwell Adventist Elementary School

2317 Wisconsin Ave.

Caldwell ID 83605

Student Name _____ Birthdate _____ Grade _____

Student Name _____ Birthdate _____ Grade _____

Student Name _____ Birthdate _____ Grade _____

Authorized Parent/Guardian

Signature: _____ Date _____

FOR OFFICE USE:

- For transfer of students from another Idaho Conference school, send this form to the Office of Education for processing, not the former school.
- For transfer of students from another conference or public school, send/fax this form to the former school.