



Springs Adventist Academy

2018-2019 Records Release Form

AUTHORIZATION TO RELEASE RECORDS FROM:

SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Student Name (please print) _____ (Please include any other name you may have gone by while in school)

School Phone Number _____ Date of Birth _____ Grade _____

Parent / Guardian Signature (Not Required) Optional _____ Date _____

Office use only: Date request was received _____

Date records and/or immunization was mailed _____

Initial of person who mailed records _____

To the school:

Please send the following records and information:

1. A transcript of all courses. Please be sure to include most recent report card.
2. Scores of any standardized ability, I.Q. and achievement tests that have been taken (Please indicate the grade and dates when tests were taken.)
3. Comments by the Teacher, Guidance Counselor, Principal or Director about the applicant's academic, social, and behavioral traits, as well as personal traits and participation in extracurricular areas would be appreciated.
4. Immunization / Medical Records.

Please send materials to:

**SPRINGS ADVENTIST ACADEMY
5410 E PALMER PARK BLVD
COLORADO SPRINGS CO 80915**

**PHONE: 719-597-0155
Email: info@saak8.org**

In relation to students of the same age, please indicate your overall evaluation of this applicant by checking the appropriate space:

	Outstanding	Excellent	Good	Fair	Poor
As a student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a school citizen:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____ Signature _____

Title _____

Thank you for your cooperation and assistance.