



# Springs Adventist Academy

2019-2020 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.**