



## ACADEMIC RECORDS RELEASE FORM

Student Information		
Last	First	Middle
Date of Birth		Grade at Previous School

Previous School Information Requesting Transcript From:	
Name of School	
Address	
Phone Number	Fax Number
Contact Person	

**Please send educational, Individualized Education Plan (IEP), 504 Plan and medical records to:**

Cypress Adventist School  
 21500 Cypress Way, Ste A  
 Lynnwood, WA 98036  
 425-775-3578

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*Authorized Signature*