



ACADEMIC RECORDS RELEASE FORM

Student Information		
Last Name	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 ALL of the above student's educational records, Individualized Education Plan (IEP), 504 Plan, medical records, behavior, and/or disciplinary referrals to:

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

This document is a sample only. All hard copies will be signed at school when you come to register your child.