



AUTHORIZATION FOR RELEASE OF RECORDS

Student's Name _____ Date of Birth _____

I hereby authorize: _____

My former school _____
Name of School

Address of School

To release: **Cumulative Records** **Transcript**

This release is for the purpose of educational planning. This is to notify you of your right to receive a copy of the record and a right to a hearing to challenge the contents.

Medical Restrictions: I understand that the requestor may not further disclose the medical information unless authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

The above mentioned student has been accepted at La Sierra Academy. The records are respectfully requested so that we can process the students' application.

School Custodian of Records Date

Send Records To:

Registrar	Phone:
La Sierra Academy	951-351-1445
4900 Golden Avenue	Fax:
Riverside, CA 92505	951-689-3708

Date of 1st Request _____ Date of 2nd Request _____ Date Received _____