



Providing quality Seventh-day Adventist Education since 1882

Student Record Release

Student Information

Name / /
Date of Birth

Home Address City State Zip

Phone Number / /
Date of Request

Transfer from

Last School Attended Phone Number Fax Number

Address of School City State Zip

Parent's Request

Please forward the academic, health, and special education (if applicable) records of the above student to the school address listed below.

Signature of Parent or Guardian _____/_____/_____
Date

Transfer To:

BROWNING ELEMENTARY
(Grades K-8)
Registrar
Browning Elementary
P. O. Box 1129
South Lancaster, MA 01561

SOUTH LANCASTER ACADEMY
(Grades 9-12)
Registrar
South Lancaster Academy
P. O. Box 1129
South Lancaster, MA 01561