

MUSKOGEE SEVENTH-DAY ADVENTIST CHRISTIAN ACADEMY
PARENTAL AUTHORIZATION FOR REQUEST OF STUDENT RECORDS

The undersigned hereby authorizes _____
School Previously Attended

School address

to release any and all copies of the transcript and all other pertinent information including testing, behavior, counseling, etc.
concerning:

Full Legal Name of Student Birthdate Grade

Please send to **MSDACA**
170 N. Country Club Road
Muskogee, OK 74403
Fax: 918.682.5602

If the undersigned is not a parent of the above child, please indicate relationship:

Signature

Date