

**ADVENTIST CHRISTIAN SCHOOL**  
**Authorization for Release of Records**



Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize:

(School & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release my cumulative record folder.

Please mail my records to:

**Registrar**  
**Ridgecrest Adventist Elementary**  
**555 West Las Flores Avenue**  
**Ridgecrest, CA 93555**

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 requestor may not further disclose medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

\_\_\_\_\_  
*Parent/Legal Guardian (printed)*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*