

Great Lakes Adventist Academy

TRANSCRIPT & CA60 CUM FOLDER REQUEST FORM

(for all in-coming students)

P.O. Box 68, Cedar Lake, MI 48812
 Fax: (989) 427-5027 • Phone: (989) 427-5181 • Email: glaa@misda.org
Questions? Contact Mrs. Hilda Reichert, Registrar at (989) 427-2401

(Print Clearly)

NAME OF LAST SCHOOL ATTENDED:	
FROM:	Great Lakes Adventist Academy Office of the Registrar P.O. Box 68 Cedar Lake, MI 48812-0068
NAME OF STUDENT:	
DATE:	

I AUTHORIZE: *(Please supply name and address of the school your student last attended in the table below.)*

School Name:	
ATTN:	
Address	
State/Zip	
School Phone No:	

to release all academic records including cumulative folder (CA60), transcript, health records and test scores to Great Lakes Adventist Academy.

(Parent, Guardian or 18-year old Student Signature)

(Date)

(Is above signature a **parent?** ____, **guardian?** ____, **18-year old student?** __)

According to the Final Regulations-Family Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.