



Parkview Adventist Academy

Transcript Release

Student Name: _____
Last First Middle

Birthdate: _____
YY/MM/DD

Last School Attended: _____
Please give full name of school

Address: _____

Phone: _____ Fax: _____

I/We give permission for last school attended to release the cumulative record or transcript to
Parkview Adventist Academy.

Student Signature

Date

Parent/Guardian (please print)

Parent/Guardian Signature

Date