



CYPRESS ADVENTIST SCHOOL

A Good Place to Grow

Records Request & Release Form

Releasing School Name & Address

Student Information	
Full Name:	
Birth Date:	
Years attended:	

To whom it may concern,

As parent or legal guardian of the above named student, I am requesting and authorizing the above named school to send educational, health, and all other school records to:

Admissions/Registrar
Cypress Adventist School
21500 Cypress Way, Suite A
Lynnwood, WA 98036

Thank you,

Parent Signature

Date