

Transcript Request

To: _____
(Previous School)

(Address)

The student listed below has enrolled at Knoxville Adventist School.
Please send:

- Cumulative Records (including grades)
- Health Records (original green TN immunization form, if formerly in a TN school)
- Behavioral/Psychological Records (if applicable)
- Any testing records regarding this student

If, for any reason, you cannot comply with this request, please inform Knoxville Adventist School.

Sincerely,

Geoffrey White
Principal

School records for _____, _____,
(Student's Name) *(Date of Birth)*
may be forwarded to Knoxville Adventist School.

(Parent/Guardian Signature)

(Date)