



Records Request Form

To _____ Phone # _____
Previous school

Address _____

Fax # _____ Email _____

Please send official transcript/Health, scholastic records for:

Student's name _____ D.O.B. _____

Parent/Legal Guardian's Signature Date _____

Student's signature (If over 18 Years of Age) Date _____

Send to

Dakota Adventist Academy
Atten: Anthony Oucharek
15905 Sheyenne Circle
Bismarck ND 58503

Email anthony.oucharek@mydaa.org

Phone # 701-258-9000

Fax# 701-258-011