

Student Information

Full Name: _____ Birth Date: ____/____/____
First Middle Last

Mailing Address: _____

Graduated from Dakota Adventist Academy (check one): Yes
 No

If Yes, year Graduated: _____

Transcript Release Authorization

Type of Transcript: Official Unofficial

How would you like the transcript to be sent? Mail Fax Both

Send Transcript to: _____ Attn: _____
School Name

School Address: _____

School Phone Number: _____ School Fax Number: _____

I hereby authorize Dakota Adventist Academy to release my transcript, which includes test scores, to the above listed school.

Requestee Signature: _____ Date: _____

<p align="center">For Office Use Only</p> <p>Date Requested: ____/____/____</p> <p>Date Sent: ____/____/____</p>
