



4150 South M-52 Owosso, MI 48867 Ph: 989-725-2391 Fax: 989-729-6408

TRANSFER-RELEASE OF SCHOOL RECORDS REQUEST

Spring Vale Academy does hereby request:

[Empty text box for School or District]

(School or District)

[Empty text box for Address]

(Address)

[Empty text box for City, State, and Zip Code]

(City)

(State)

(Zip Code)

to release and transfer all progress records, files and data directly to:

[Empty text box for Student's Name and Date of Birth]

(Student's Name)

(Date of Birth)

to Spring Vale Academy, Owosso, Michigan.

Information needed includes: Immunization records and an official transcript of high school education.

[Empty text box for Parent Signature and Date]

Parent Signature: I consent to the above records being released.

(Date)

Please send records to: **ATTN: Registrar
Spring Vale Academy
4150 S. M-52
Owosso, MI 48867**

Thank you,
Spring Vale Academy Administration