

Midland Adventist Academy

6915 Maurer Road

Shawnee, KS 66217

Office: (913) 268-7400

Fax: (913) 268-4968

Email: maa@midlandacademy.org



REQUEST FOR STUDENT RECORDS

Student Name: _____ Date of Birth: _____

I, as a parent or guardian of the above named student do authorize:

School last attended: _____

Street address: _____

City, State, ZIP: _____

To release all of his/her school records to Midland Adventist Academy at the above address.

- Medical
- Psychological
- Standardized Test Scores
- Scholastic Grades
- Activity Records
- Individualized Instruction Plans
- Discipline

Signature of Parent / Guardian

Address

City State ZIP

Date

Registrar's name