



Mt. Olivet Junior Academy
Student Records Release Form
2011-2012 School Year

Student's Name _____

SS# _____ Date of Birth _____ Applying for Grade _____

Present or last school attended _____

Address _____

City _____ State _____ Zip _____

Phone _____

Please forward the following records for the above named student:

- Transcript of grades including grades to date of withdrawal
- Health Records/immunization with dates
- Psychological Evaluation/ IEP/ Specialized testing results (if applicable)
- Standardized test results
- Disciplinary Records

I authorize the above named school to release the information specified above to the Mt. Olivet SDA School. Please mail or fax the requested information to the address/fax number listed below.

Parent/Guardian Name _____

Signature _____

Date _____

Thank you for your assistance.

Mt. Olivet Junior Academy

ATTN: Registrar

Main Campus:

3013 NW 11th Street. Ft. Lauderdale, FL 33311

Phone: 954-792-6010

Fax: 954-792-2248