



**WINTER HAVEN ADVENTIST ACADEMY**  
AN ACCREDITED SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL  
PO Box 7169 ~ Winter Haven, FL 33880 ~ (863) 299-7984  
<https://winterhaven22.adventistschoolconnect.org/>  
vicki.turner@flcoe.org



**Adventist Education**  
A JOURNEY TO EXCELLENCE

## **REQUEST FOR STUDENT RECORDS**

**BASED ON THE ATTACHED FORMS,  
PLEASE RELEASE THE SCHOOL RECORDS FOR:**

\_\_\_\_\_  
\_\_\_\_\_

***SEND ALL DOCUMENTATION TO :***  
**WINTER HAVEN ADVENTIST ACADEMY**  
**401 AVENUE K, SE**  
**WINTER HAVEN, FLORIDA 33880**  
**OR [mywhaa@flcoe.org](mailto:mywhaa@flcoe.org)**

**THANK YOU FOR YOUR COOPERATION,**

A handwritten signature in black ink that reads 'Vicki L. Turner'.

**SINCERELY, Vicki L. Turner**

**Principal**



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## STUDENT RECORD RELEASE FORM

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

I, \_\_\_\_\_, hereby give  
 (Parent's Name)

permission for my child, \_\_\_\_\_,  
 (Student's Name)

records to be released to the above mentioned schools:

RECORD TYPE	INITIALS
Academic, Grades	
Reading Records	
Writing Records and Samples	
Health	
Testing	
Emotional/Social	
Attendance	

I understand that all other records that pertain to my child and are deemed necessary to ensure my child receives the best possible education are to be included in the sent files

Parent/Guardian signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

Contact numbers (home, cells, work, etc.)

\_\_\_\_\_

