



**Request for Transcripts & Health Records**

This is an official request for the following records for the student(s) listed below:

**Transcripts & Health Records (Complete File)**

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(First Name) (Last Name)*

Please release the records indicated for the above-listed student(s) to:

**Rogers Adventist School  
200 SW Academy Way  
College Place, WA 99324**

Address of school student last attended:

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

Thank you for your prompt reply.

Sincerely,

Melanie McKey Koch  
Registrar  
Rogers Adventist School  
200 SW Academy Way  
College Place, WA 99324  
Office (509) 529-1850 Fax (509) 529-3622  
[kochme@Rschool.org](mailto:kochme@Rschool.org)