



Records Release Form

PARENTS: Please deliver this form to the school in which your son is currently attending, or if he is not currently in school, the school that he attended last year.

Name of Student _____ Date _____
Registrar _____ School _____
Address _____ City _____ ST _____
Phone _____ Email _____

Please send an official record of the above named student's following items:

- 1) Certified School Transcript
- 2) Standardized Test Scores
- 3) Most Recent Report Card
- 4) Immunization Record (if available)

TO: Dr. Marion Dunagan

Assistant Head for Enrollment Management
405 N. Subiaco Ave.
Subiaco, AR 72865-9798
Fax: (479) 934 - 1033
admissions@subi.org

For the following year(s) attended _____
Signature of Parent/Guardian _____
Address _____ City _____ ST _____
Phone _____ Email _____