PARENTAL CONSENT FOR RELEASE OF STUDENT INFORMATION

School						
Address						
Additess						
		*				
City	State	Zip Code				
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By my sion	ature I hereby are	nt namaiasias (C.1		23
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		, w	nom r cerm	to be my cm	id or legal war	d. This student
attended yo	ur school during t	he scl	nool year and	d was in the	arade	r
				- Was III tile _	grade	•
DI1		_				
Please relea	se the above recor	ds to:				
	OM	AK ADVEN	TIST CH	RISTIAN :	SCHOOL.	
					CHOOL	
			P.O. BOX			*
	(OMAK, WA	SHINGT	ON 98841	-3294	
		,		011 >0011		

Signature of Parent or Guardian