

Student Record Release

To Releasing School Counselor:

Date: _____

School Name: _____

Address: _____

City:

State/Province

Zip Code

Dear Counselor,

My children) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting School		

Calvary's Harvest Christian Academy		
School Name		

3621 Jodeco Road		
Address		

Jonesboro	GA	30236
City	State	Zip Code

Students' Name(s)
(Last name first)

Age:

Grade level at
time of withdrawal

Signature of Requesting Parent/Guardian

Signature of Receiving Principal