

STUDENT RECORD RELEASE FORM

To Releasing School Counselor: _____

Date: _____

School Name _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Attention Counselor:

My child(ren) has (have) been withdrawn from your school.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

ACCEPTING SCHOOL

Calvary Christian Academy

3839 Shenandoah Ave NW

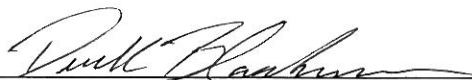
Roanoke, VA 24012

Student's Last Name	First Name	Age	Grade Level at Time of Withdrawal

Signature of Parent/Guardian _____

Date _____

Signature of Principal _____



Derek Blaakman, Principal
Calvary Christian Academy

Date 2011/12