

# STUDENT RECORD RELEASE



To Releasing School Counselor:

\_\_\_\_\_ Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
ZIP/Postal Code

Dear 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My child(ren) has (have) been withdrawn from your school.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

\_\_\_\_\_  
School Name

RIVERLAND CHRISTIAN ACADEMY  
19455 SW 61ST STREET  
DUNNELLON

\_\_\_\_\_  
Address

FLORIDA 34432-2066

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
ZIP/Postal Code

Students' Name(s)  
(Last name first)

Age

Grade level at  
time of withdrawal

\_\_\_\_\_  
Signature of Requesting Parent/Guardian

\_\_\_\_\_  
Signature of Receiving Principal