

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My child(ren) has (have) been withdrawn from your school.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

\_\_\_\_\_  
Address

\_\_\_\_\_  
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