

# Pike County Christian Academy

## Student Record Release

Date \_\_\_\_\_

Releasing School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Receiving School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dear Counselor:

My child has been withdrawn from your school. Please release his/her academic and health records to the above named receiving school.

Student's Name:	Age	Grade level at withdrawal

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

Signature of Receiving Administrator \_\_\_\_\_