

Student Record Release

To: Releasing School Counselor

Date _____

School Name _____

Address _____

City

State

Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic and health records to the following church-school.

Thank you.

Accepting Church-School

Jacksonville Christian Academy
11697 Normandy Blvd.
Jacksonville, Florida 32221
904-783-2818

Student's Names
(Last Name First)

Age

Grade Level at
Time of Withdrawal

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

Signature of Requesting Parent/Guardian

Signature of receiving Principal