

STUDENT RECORD RELEASE

Date: _____

RELEASING SCHOOL

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dear Counselor:

The following students have been withdrawn from your school.
Please release their academic and health records to the accepting school.
Thank you.

<i>Name of Student</i>	<i>Date of Birth</i>	<i>Current Grade Level</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian

Signature of Receiving Principal

ACCEPTING SCHOOL

Grayson Christian School

4400 E. Hwy 82

Sherman, TX 75090

PH: 903-892-3304

Fax: 903-868-2546