

To Releasing School Counselor

School Name		
Address		
City	State	Zip 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 My child (ren) has (have) been withdrawn from your school.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.

New Life Christian Academy
 4080 Call Road
 Perry OH 44081
 (440) 259-3850 voice
 (440) 259-3849 fax

Student Records

Student's Name (Last, First, Middle)	Age	Grade
1		
2		
3		
4		
5		
6		
7		
8		

Signature of Parent	Date
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