

# Request for Release of Student Records

Dear School Counselor/Registrar:

The children listed below have been withdrawn from your school. Please release their health, academic and other records, and forward them to the receiving school, as noted below. Thank you for your cooperation.

NAME OF STUDENT			AGE	GRADE LEVEL
LAST	FIRST	INITIAL		

## Receiving School

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

## Authorization

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number