**STUDENT RECORD RELEASE**

**To Releasing School Counselor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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School Name

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Address

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City State Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their

academic, health, and behavioral records to the following school: Thank you.

Accepting School

SterlingChristianAcademy

PO Box 28921

Macon, GA 31221

Students’ Names Grade Level at Time

(Last name first) Age of Withdrawal

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Signature of Requesting Parent Signature of Receiving Principal`