

#10 - Student Record Release

School: Community Christian Academy

Student Name: _____

Date: ____/____/____

(Please Print)

To Releasing School Counselor:

School Name

School Address

City

State

Zip Code

Dear Counselor:

My child/children has been withdrawn from your school. Please release the academic and health records for my children, listed below, to:

Community Christian Academy
P.O. Box 757
Fortson, GA 31808
706.568.7357 (Business Office Phone)

I authorize and give my permission for you to release my child's information to the school in which he/she is now enrolled. Thank you.

Parent/Guardian Signature: _____

Date: ____/____/____

Signature of Receiving Administrator or Principle: _____