STUDENT RECORD RELEASE

SIGNATURE IS ALL THAT IS REQUIRED

Date:_____

TO RELEASING SCHOOL COUNSELOR:

SCHOOL NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

Dear Counselor:

My children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following church-school. Thank you.

ACCEPTING CHURCH-SCHOOL

Greater Augusta Christian Academy
4406 Wrightsboro Road
Grovetown, GA 30813

Students' Names (Last name first)	Age	Grade level at time of withdrawal

_____ _____

Signature of Requesting Parent **Signature of Principal**