



Student Record Release

_____ Date

To Releasing School Counselor:

School Name: _____
Address: _____

City: _____
State: _____
Zip Code: _____
Phone number: _____

Dear Counselor:
My child has been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting School:

Emmanuel Baptist Church School
495 Old 122 Road
Lebanon, OH 45036
office@ebcsOH.org
P: (513) 932-5205
F: (513) 932-8875

Students Name: _____
Age: _____
Grade level at time of withdrawal: _____

Signature of Requesting Parent/Guardian: _____
Signature of Receiving Principal: _____