

STUDENT RECORD RELEASE

To Releasing School Counselor:

(School Name)

(Address)

(City)

(State/Province)

(ZIP/Postal Code)

Dear Counselor:

Accepting School:

Berean Christian School

5100 North Illinois Street

Fairview Heights, IL 62208

My child(ren) has (have) been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Students' Name

Grade level at

(Last name first)

Birth date

time of withdrawal

(Signature of Requesting Parent/Legal Guardian)