

STUDENT RECORD RELEASE

To: Releasing School Counselor

School Name: _____

Address: _____

Dear Counselor:

My child/children have been withdrawn from your school. Please release their academic and health records to the following church school:

Golden Acres Christian School
3405 South Railroad Street
Phenix City, AL 36867

Student's Names	Date of Birth	Grade Level at the time of withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent/Guardian

Signature of GACS Administrator

Date

Date

* If student has been previously homeschooled and does not need records to be forwarded from a school, please sign below. Parents are responsible for all school records held before enrollment at GACS.

Parent Signature

Date