

## STUDENT RECORD RELEASE

To Releasing School:

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Zip \_\_\_\_\_

Dear Counselor:

My child(ren) has/have been withdrawn from your school.

Please release their academic and health records to the following school:

- ☐ Academic Records
- ☐ Grades at time of Withdrawal
- ☐ High School Transcript showing credits earned
- ☐ Health Records (Birth Certificate, SS Card, Shot Records)
- ☐ Special Needs Records/Test Results
- ☐ Any other records for proper placement

Accepting School Zephyrhills Christian Academy 34927 Eiland Blvd., Zephyrhills, FL 33541 Phone: 813-779-1648 Fax: 813-779-9829 Email: <a href="mailto:lmason@zcawarriors.org">lmason@zcawarriors.org</a>
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Students' Name(s)

Grade level at

(Last name first)

DOB

time of withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Signature of Requesting Parent/Guardian)

\_\_\_\_\_  
(Signature of Receiving Principal)