

GRACE CHRISTIAN ACADEMY

STUDENT RECORD RELEASE

Dear Counselor:

The student's listed below have been withdrawn from your school. Please release their academic and health records to the receiving school named below.

| Student's Name | Age | Grade Level at Time of Withdrawal |
|----------------|-----|-----------------------------------|
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| | | |
| | | |
| | | |

Signature of parent

Date

Parents: Provide the information from the previous school which your child attended. We will contact the school for their records.

Releasing School:

School

Address

City State Zip

Phone Number

Receiving School:

Grace Christian Academy
3200 Firewheel Drive
Flower Mound, TX 75028
FAX: 972-539-1369